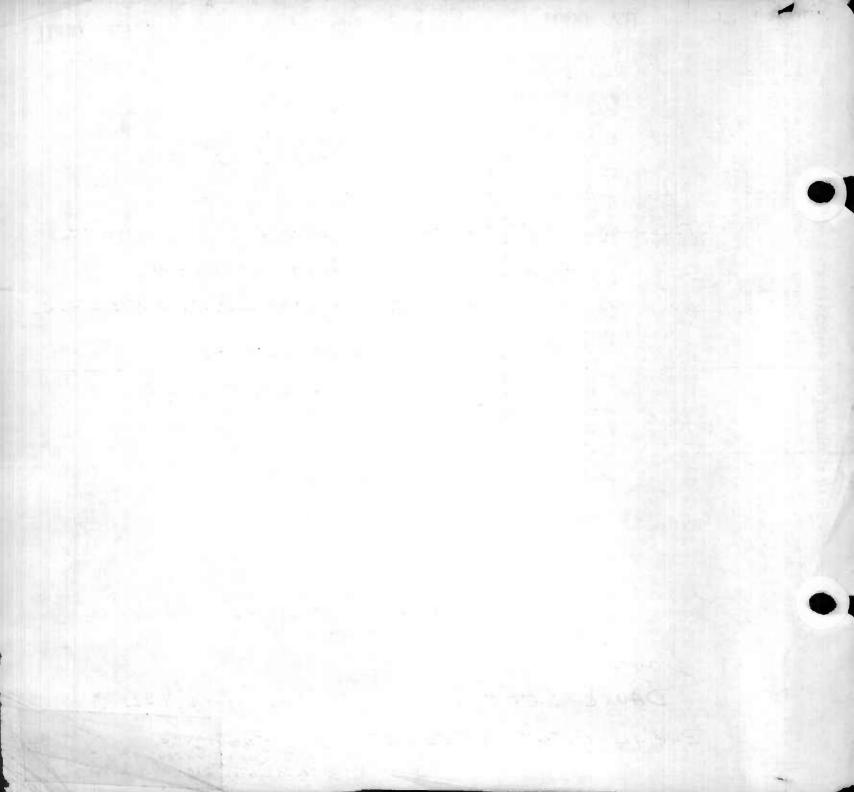
rred in a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		7 (- 0.70
BIRTH NO. 67, 0001	CERTIFICA	TE OF DEATH	Registered Na	362 9 62
M.E. CASE NO.			D HOUR OF DEATH	177, 0001
(Type or Print) MARCHUK, FR	ANK	1/1/61		14:00 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7// (	4. USUAL RESIDENCE (When	re deceased lived. If ins	stitution: residence before odmissi
		A. STATE B. COUN		
FULL NAME OF (If not in hospital or institution oddress or facation)	on, give street	MARYL		
INSTITUTION		C. CITY OR TOWN (If out		URAL ond give township)
SINAI HOSPITAL		BALTIM D. STREET ADDRESS (III	rurol, give location)	C
		=11.2 10		
SEX 6. RACE 7. MARRI	IED, NEVER MARRIED			ENUE
	WED, DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
	ARRIED	425/91	75	
DA, USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	EL Hfg.	Russia		U-S.A
B. FATHER'S NAME	7.	14. MOTHER'S MAIDEN NA	ME	1-0-11
Mail	11	A.	C /	1
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 INFORMANIA	SORENAM	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.			
NO NONE	213-07-8799	MARXIN, MAR.	ch4K 541:	3 KNELL AVE
18.	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	of the second second			ONSET AND DEATH
LEADING TO DEATH	(A) (O)	VGESTIVE HEA	AT FAILUM	= 3 weeks
(This does not mean the made of dying, e heart failure, asthenia, etc. It means the disea				
injury or complication which caused death.)		1 1 1 1		
ANTECEDENT CAUSES	(B) /T / MC	ROSCLEMOTIC HO	-AR / WISEM	/SC
DISEASES OR CONDITIONS, if any, giv	ring			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)		000000000000000000000000000000000000000	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING			
TO THE DEATH BUT NOT RELATED TO	THE RIGHT LO	WER LOBE PA	EUMONIA	
19A. DATE OF OPERATION 119B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAU	ISES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Baltimore	City, give exact locotion)
	home, form, foctory, street, o etc.)	tice bidg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	LIBY OCCUP?	
OF INJURY	While At Mot While		ok, occok.	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) attende	d the deceased from $Q$	ecamber 9	19 66 to Jane	1014 1 1961
that (I) (we) last saw the deceased alive a	on denuency 1	19 67 and th	ot in (my) (our) opin	ian deoth occurred an the
and hour and from the couses stated above			The second second	
23A. SIGNATURE - A		,		23B. DATE SIGNED
Davie 1 1000	7 M.D. Atte	mding Med. Director	Stolf Phys.	1/1/10
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	116/
NAME (Type)		TOP. ADDRESS	.,	
DAVID SET	M.D.	SINAI	HOSP, 7	AL
4A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	. NAME of CEMETERY of CR	MATORY 24D. L	OCATION (City	y, town, or county) (State
Bupin 1-5-17	MT. OLIVE	t 7-	BALTIMORE	- Md.
SA. DATE REC'D BY HEALTH DEPT.   258. NAM		25C. EUNERAL DIRECTOR	4 5 000	AL ITO ADDRESS
10110 1000 4 9	50 17 B in 1	080. 2. Sch	THE THUNK	2 -1 6



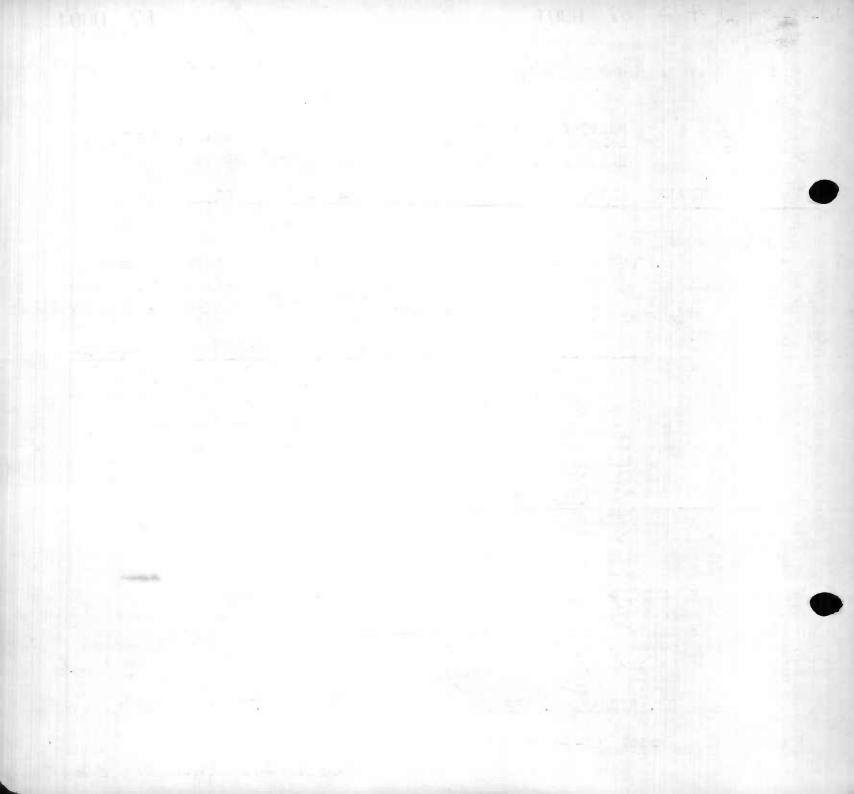
DIRECTOR:

FUNERAL

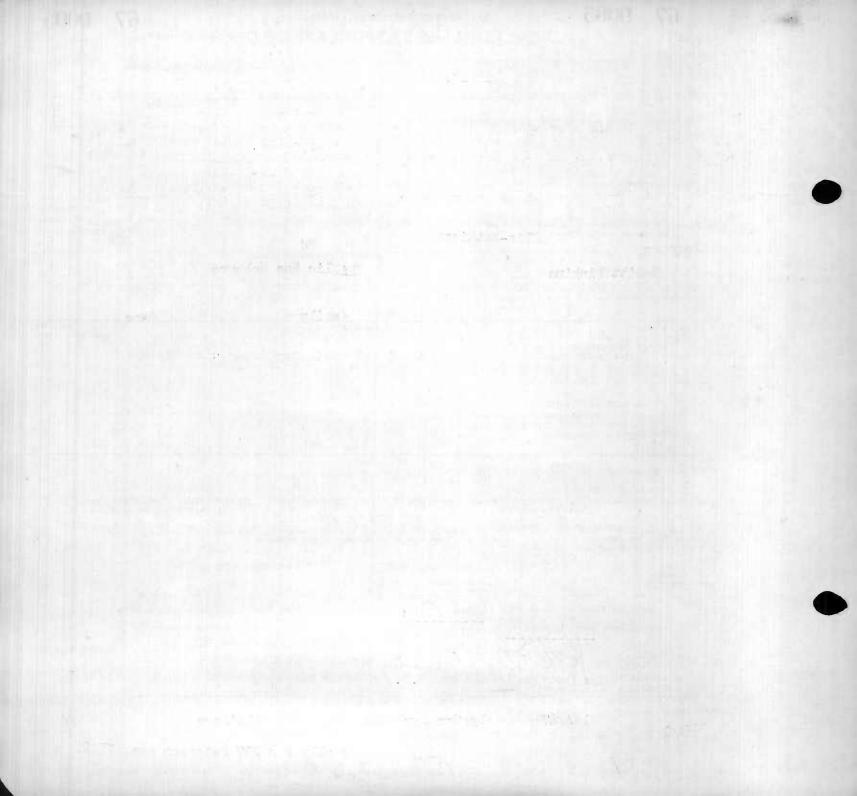
0000	BALTIMORE CITY	HEALTH DEPARTMENT		CM OGOO
BIRTH NO. 67 0003 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67 0003
1. NAME OF DECEASED (Type or Print) Catherine He	oldorf		HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Plaori	Jan	n. 1, 196	7 2:30 PM
S. FLACE OF DEATH IN BALTIMORE, MARILAND		A. STATE B. COUNT	Y deceased lived. It institu	ution: residence before odmission
FULL NAME OF (If not in hospital or institut	tion, give street	Maryland	/	Saller
HOSPITAL OR address or location) INSTITUTION		D / 1	ide city limits, write RUR	AL and give township)
Maryland General Its	osnital	Baltimore		5370.0
, the formation of the contract of the contrac			urol, give location)	
		1938 Ailla		
_ WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	1 / /	ost birthday)	Under 1 Yr. If Under 24 Hrs Jonths Days Hours Min.
	ridowed	12/16/02	64	
tOA, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	in country)	2. CITIZEN OF WHAT COUNTRY?
Housewile		Maryland		U. S. A
13. FATHERS NAME		14. MOTHERS MAIDEN NAM	\E	
Louis Espey		Mary Phiff	*	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of servi	ice) SECURITY NO.	Mary C. MacN	eal	sage.
No	\$12-25-8050	(daughter)		
18.4-20,1 V 2001	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		M. 01	TIL	24. 1
(This does not mean the mode of dying.	e.g., DUF TO	Myocardial	1 h farcio	4 L/2 Week
heart failure, asthenia, etc. II means the dise	eose,			
injury or complication which coused death.)	(B)	AL		
ANTECEDENT CAUSES	DUE TO	***************************************	*************	**************************************
DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoting				
UNDERLYING CONDITION lost.	(O)	hunquinha marka a \$100 a a \$20 a a a a a a a a a a a a a a a a a a a	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************
_ 11	As I at	1 1	/	
O THE DEATH BUT NOT RELATED TO	JTING Malignant L	ymphone & SKI	n, Pulmonary	2 years
DISEASE OR CONDITION CAUSING IT.	bone +	- lung metasta	ses	
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
		100		
OR CONTRIBUTING CAUSE OF	home, form, factory, street, of	ffice bldg., INJURY OCCUR?	(If in Boltimore Ci	ly, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
-	While At Not Whit	e	RY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hourl (APPROX.)	While At Not Whit At Work	e 🗌		
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended.	While At Not Whit At Work At Work	ec 15 1	9 66 10 Ja	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive	While At Not Whit At Work At Work At Work	ec 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 66 10 Ja	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive and hour and from the causes stated above	While At Not Whit At Work At Work At Work	ec 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t in(my) (our) apinia	n death occurred on the do
21.D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive	while At Not Whit At Work  ed the deceased from D  an Text.  (t) (We) (did) (did not) v	ec 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 6 6 to Ja t in( <u>my) (our) ap</u> inia	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive and hour and from the causes stated above	while At Not Whit At Work  ed the deceased from D  an Text.  (t) (We) (did) (did not) v	19 6 7 and the view the body after death.	t in(my) (our) apinia	n death occurred on the do
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	while At Not Whit At Work  ed the deceased from D  an Tak:  (e) (He) (did) (did not) v  MD. Atternation	ec 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 6 6 to Ja t in( <u>my) (our) ap</u> inia	n death occurred on the do
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive and hour and from the causes stated above	while At Not Whit At Work  ed the deceased from D  an Tak:  (e) (He) (did) (did not) v  MD. Atternation	19 6 7 and the riew the body after death.  Med. Director	2 6 6 to Ja t in( <u>my) (our) ap</u> inia	n death occurred on the do
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased olive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	while At Not Whit At Work  ed the deceased from D  an Tech:  (I) (We) (did) (did not) v  MD. Atte	ec 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 6 6 to Ja t in( <u>my) (our) ap</u> inia	n death occurred on the do
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	while At Not Whit At Work At W	ec 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Stoff Deveral CATION (City,	B. DATE SIGNED  1 1 6 7  Hospital  Joun, or county) (State)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased olive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  24B. DATE  24C. PHYSICIAN'S NAME (Type)	while At Not Whit At Work At W	ec 15 1  19 6 7 ond the riew the body after deoth.  ending Med. Director 223D. ADDRESS  Mayland EMATORY 24D. LC	2 6 6 to Ja t in( <u>my) (our) ap</u> inia	B. DATE SIGNED  1/1/67  Hospital town, or county) (State)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	while At Not Whit At Work At W	ec 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Stoff Story Story (City, Mary)	Hospital Nown, or county) (State)

B-Itmore Many Load General Horge to 1 1938 Hedrond Rid HP 26/11/21 handhiri Sampland Lowes Espen Morry Philly Among C. Aprelland Myo carded Linteretion Antopoli Species I they present grant artest point in prince CAR 115 1 196

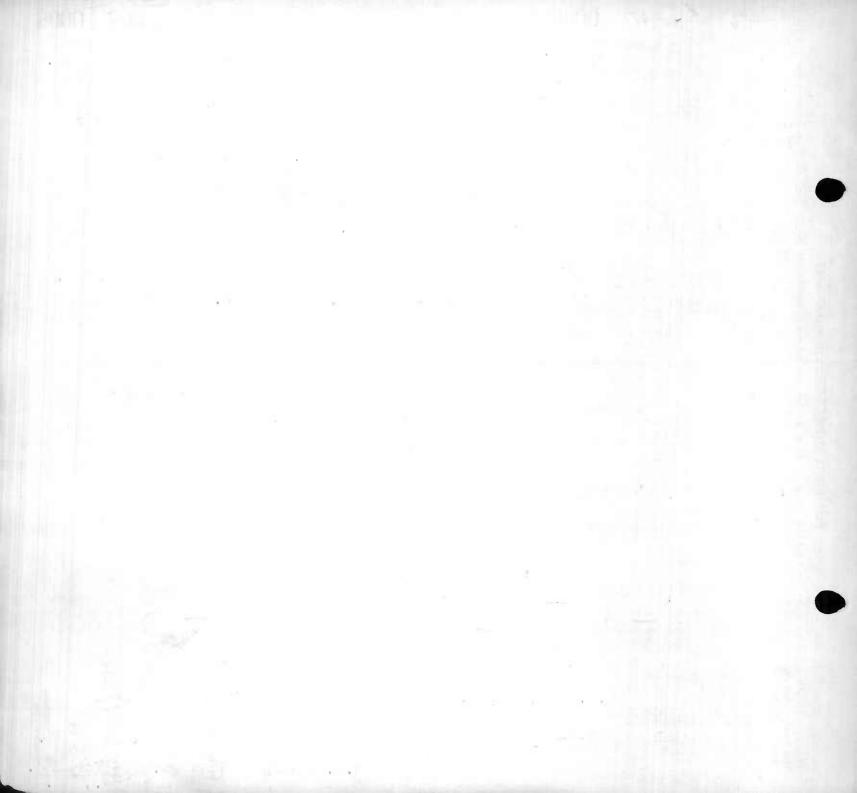
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BIRTH NO.	MED	ICAL EX	CAMINER'S C	EKTIFICA	IE OF L	JEAIH Registe	red Na		
M.E. CASE NO.									
Type or Print	CEASED					HOUR PRONOUNC	ED DEAD	F 0F	-
	LEB		INKINE			ry 1, 1967		5:35	PM
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO!	UNCED DEAD	A. STATE		deceosed lived. If inst B. COU	itutian: resid INTY	ence before (	admi s sia
ULL NAME OF			UTION, GIVE STREET		ryland		DILDAL	1 -1 - 1	1.50
NSTITUTION	ADDRESS OR LOCA	ATION)		C. CITT OK 10	WN (If outside	corporate limits, write	KUKAL on	d give towns	nip)
3					ltimore		79.	03	
Sc	outh Baltimor	e Genera	al Hospital	D. STREET ADD					
C PV	14 000	19				ngton Avenu			
S. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	IH	9. AGE (In years last birthday)	Manths	1 Yr. If Unde Days   Haurs	er 24 Hi
Male	White					71			-
	UPATION (Give kind of wor working life, even if retired)		BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign	country)	12. CITIZE WHAI	N OF COUNTRY?	
Foreman		Olin-Ma	FILLSON		Md		US	COUNTRY?	
			110000	14. MOTHER'S A					
	mitt Pinkine				e Mae Hu	Duard			
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	1500	
	, , , , , , , , , , , , , , , , , , , ,			Ford	1		0.		
18. //	#3 /		CAUSI	OF DEATH	Ly		Same	INTERVAL B	ETWEEN
DISEASES RISE TO THUNDERLYI  OTHER SIGNOTHER DISEASE OF THE DISEAS		CONTRIBUTII		No	WHERE DID	20B. IF YES, WERE FII IN CERTIFYING CAU! If in Baltimare City, gi	SES OF DEA	ATH?	
21D TIME OF INJURY	(Month) (Day) (Yea	etc.)	TE, INJURY OCCURRED	21 F. H	OW DID INJU	RY OCCUR?			
(APPROX.)		m. \	WHILE AT NOT	WHILE ORK					
	URE	De Ver	Accident Suicid	e Hamic CHIEF M	AEDICAL EX	AMINER 🗵		DATE SI	
EXAMINAME (	Type) MATION, 238, DATE		necker, M.D.				tawn, ar co	1/2/67	(State)
EMOVAL (Specif	1/4/6		Loudon Park			ltimore		Me	
Burial	BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR	T OTHOT.A		DDRESS	u
	RY MEALTH DEDT								



0000		BALTIMORE CITY	HEALTH DEPARTMENT		OP	0000
BIRTH NO. 67 0006		CERTIFICA	TE OF DEATH	Registered Na.	67	_0005_
I, NAME OF DECEASED /T			2. DATE A	ND HOUR OF DEATH		
(Type or Print) BIRD	SISHOP			1-1-67		12.30
3. PLACE OF DEATH IN BALTIMORE, A	AARYLAND		4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceased lived, Il in	stitution: residenc	e before odmission
FULL NAME OF (If not in hospit	al ar institution, give	chast	MARYLAND			
HOSPITAL OR oddress or loca	tion)	Sireet	C. CITY OR TOWN ORE	outside city limits, write l	RURAL and give	township)
THE JOHNS HOP	KINS HOS	PITAL	BALTIMORE		13-0	7
3			D. STREET ADDRESS	f rurol, give location)		
			625 W. UN	IVERSITY P	ARKWAY	
SEX 6. RACE	7. MARRIED, NE		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Days	If Under 24 His
MALE WHITE	MARRI	FD (specify)	10-20-20	lost birthday)	Manins Days	Hours Min.
A. USUAL OCCUPATION (Give kind of w	ork 108. KIND OF BUS			reign country)	12. CITIZEN O	F
one during mast of working life, even if retired		Electric	Md.		USA	UNTRY?
Lawyer	Gas & E	Tecrire	14. MOTHER'S MAIDEN N	AAAE	UDA	
CHARLES B.			JENNIE H	YDE		
5. Was Deceased Ever in U. S. Armed es, no or unknown) (II yes, give war ar d	forces? 16. otes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
Yes WW 11			Mrs. Harrie	tt C. Bish	op	Above
18. / 46 0 0	P .	CAUSE O	_	-	*	AL BETWEEN
DISEASE OR CONDITION I	DIRECTLY				ONSET	AND DEATH
LEADING TO DEAT		IN SEP.	TICEMIA - PNE	SUMONIA.	4 da	48.
(This does not mean the mode heart failure, asthenia, etc. 11 mea		DUE TO		***************************************		£
injury or complication which caus		1			7	
ANTECEDENT CAUS	ES	(B) 79R	ANULDEY 1051	5		
DISEASES OR CONDITIONS, i	ony, giving	DUE 10	NOMA OF PAROT	. / *		
rise to the obove cause (A		(c) CARCI	NOMA OF PAROT	1D GLAND- VI	SPERINATE	D
UNDERLYING CONDITION last.						
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING					
TO THE DEATH BUT NOT RE	LATED TO THE					
DISEASE OR CONDITION CAUSING	ONDITION FOR WHIC	CH OPERATION	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES. WERE I	FINDINGS CONS	SIDERED
	ERFORMED		NO	IN CERTIFYING CA		
21A. ACCIDENT WAS UNDERLYING	21 B. PLA	CE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore	City, give exoc	t locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, fe	orm, foctory, street, of	fice bldg., INJURY OCCUR?			
2			035 110111 010 11			
OF INJURY (Month) (Day) (Yes	or) (Hour) 21E, INJ While A	URY OCCURRED  Not White	21 F. HOW DID IN	IJURY OCCUR?		
(APPROX)	Wark	At Work				
22. I certify that (I) (this haspi	tal) attended the d	leceased fram	12-28	.19.6.6. to	1-1	1967
that (I) (we) last saw the decea		1-1	100	that in(my) (aur) api		
and haur and fram the causes s	tated above. (H) (W	(e) (did) ( <del>did not</del> ) v				
23A. SIGNATURE	/	/ (a.a./ (a.a1101/) v	Tew the body offer death	•	23B, DATE SIGI	NED
1.1.016	11	M.D. Atte	ending Med.	Stoff 🔀		
23C. PHYSICIAN'S	ucco-p	Phy		Stoff Phys.	1-1-6	
NAME (Type)	ALL TO::		23D. ADDRESS	110011110	000174	
	AILTON, JR		THE JOHNS	HOPKINS H	OSPITAL	
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME	of CEMETERY or CRI	MATORY 24D.	LOCATION (C	ty, town, at cour	ity) (Stote)
Burial 1-1-	67 Dru:	id Ridge	D4	ikesville		Md.
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF R		25C. FUNERAL DIRECTO		A	DDRESS
JAN 3 1967	DO 160	Hall in	HW Denkin	& Sons Co	1905 3	Tork Rd.
VS 150-REV. 1/1/65	NI STATE OF THE	A Consecution	TITA COLENTAL	0 00115 00	-BOI+0	Ma



hospital and

22 6	57 0007		BALTIMORE CITY	HEALTH DEPARTMENT		CM OSS
BIRTH NO.	57 0007		CERTIFICA	TE OF DEATH	Registered Na.	67 0007
A.E. CASE NO.	SED				ID HOUR OF DEATH	
T D' 4		10	111			
NI ACT OF DEAT	ANKIEWICZ	~ ~ 0,	AN		-1-67	S: 40 p.M
. PLACE OF DEATI	H IN BALTIMORE, MA	KILAND		A. STATE B. COUN		nstitution: residence before adnitission)
FULL NAME OF	(If not in hospital	or institution, alv	e street	NACHLAND		
HOSPITAL OR	oddress or location	1)		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
	CHURCH 140	NE + 1	405PITAL			-04
5	BALTIMOKE	MD.		D. STREET ADDRESS (II	rurol, give location)	
	PATTITION	, ,		907 5.1	BEL MORN	AUE 21224
SEX 6	RACE	7. MARRIED, N	EVER MARRIED		9. AGE (In years	
4.			DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
14	W	MAR	RIED	AUG 20, 1889		
A. USUAL OCCUP.	ATION (Give kind of work rking life, even if retired)	10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?
	- 1 1	DEAT		MAKY LAND		1251
FATHER'S NAME	CITYSANTITION	DETT		14. MOTHER'S MAIDEN NA	AAF	0 - 10
FRANK	K NANKI	EWICZ		ANTIONETT	E 2421	t/
. Was Deceased E	ver in U. S. Armed Ford I yes, give wor or dote	ces?	6. SOCIAL	17. INFORMANT	4	ADDRESS
1/0	yes, give wor or dole	s di servicei	1440-4941	ALEXAND	ORA IA	NKIEWICT
100		19	11-10-1100		0/1/1 0/1	
18.4-20	, O VI		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIR	ECTLY	1/		1/	100000000000000000000000000000000000000
	EADING TO DEATH	4.7	(A) Stope	invectors fic	/ter	y le
	mean the made of Sthenia, etc. 11 means		DOE, 10	P	reace	
	icalion which caused					
AN	TECEDENT CAUSES		(B)		***************************************	
DISEASES OR	CONDITIONS, if	anv. giving	DUE 10			
	abave cause (A)		(C)			
UNDERLYING	CONDITION last.					
	II .					
	CANT CONDITIONS C		/	Diabete Ky	elli lu	1111
DISEASE OR CO	ATH BUT NOT RELA		/		700	yen
			ICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE OF O	WAS PERF	ORMED			IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING	21 B. P1	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II in Boltimor	e City, give exact location)
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF	home,	lorm, factory, street, at	fice bldg., INJURY OCCUR?		
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A CE INTITION	Month) (Day) (Year)	(Hour) 21 E. II	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	-	While Wark	Al Work			
					/ 7	1
	nat (1) (this hospital				1967 10	1-1-1967
that (I) (we) Id	st saw the decease	d alive an	1-1	19 6 7 and th	at in (my) (aur) api	inian death accurred an the da
and have and f	ram the causes stat	ed abave. (I)	(We) (did) (did nat) v	iew the body after death.		
23A. SIGNATURE						238, DATE SIGNED
1000	,		M.D. Atte	ending Med.	Stolf	
ice	laviano		Phy	s. Director	Stolf Phys.	1-1-67
23C. PHYSICIAN NAME (Type	s e)			23D. ADDRESS CAURO	IT HOME	+ HOSPITAY
7.0	2. MARIAN	0	M.D.	24171	MORE, M	d. 51
4A. BURIAL CREM	ATION, 248. DATE		AE of CEMETERY or CRI	, ,,		ity, town, or county) (Stote)
REMOVAL (Spe		67 ST	CTANIC	1115 11	-15-RACT	DN ST
BUKIAL	VAN.	191.	2/1/1/2/	LA100 60	12 0021	011 31.
SA. DATE REC'D B	Y HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	11/21/1/11/11	1000 S. KENWOOL
5.1/	N 3 1067	DO 00	Trailly Mill	MARIZ- MA	LKOVISKI	1000 S, MEIVVOOL
/\$ 150-REV. 1/1/65	1311	FAN C		1111		7,00

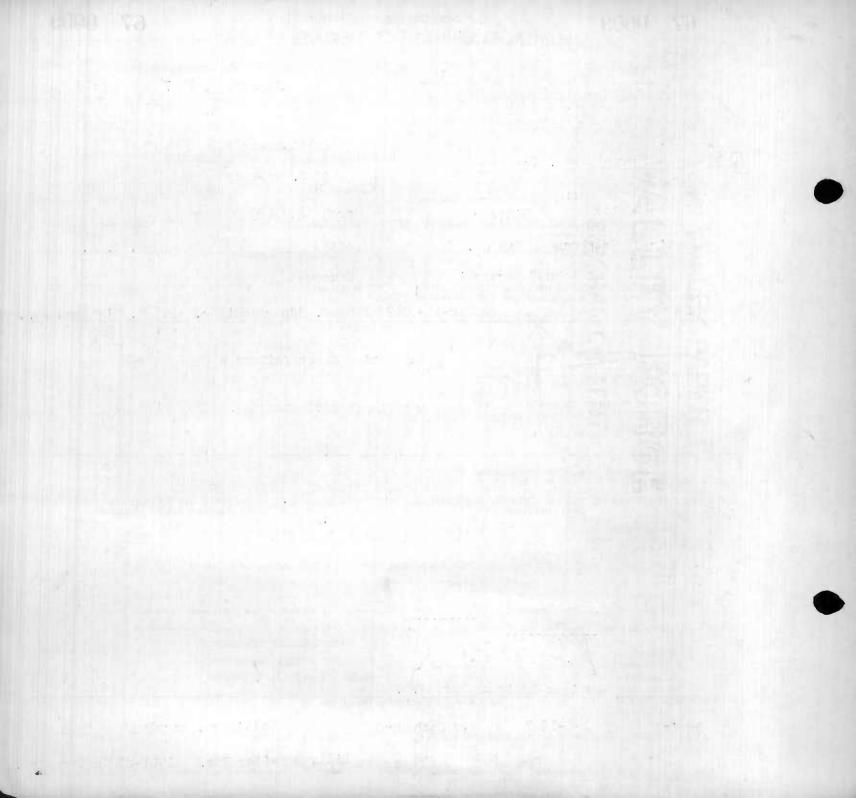
Very South Kind of the State of the s FRANK THEFT THE THE THE THE THE THE SHARRY ST.

DIRECTOR:

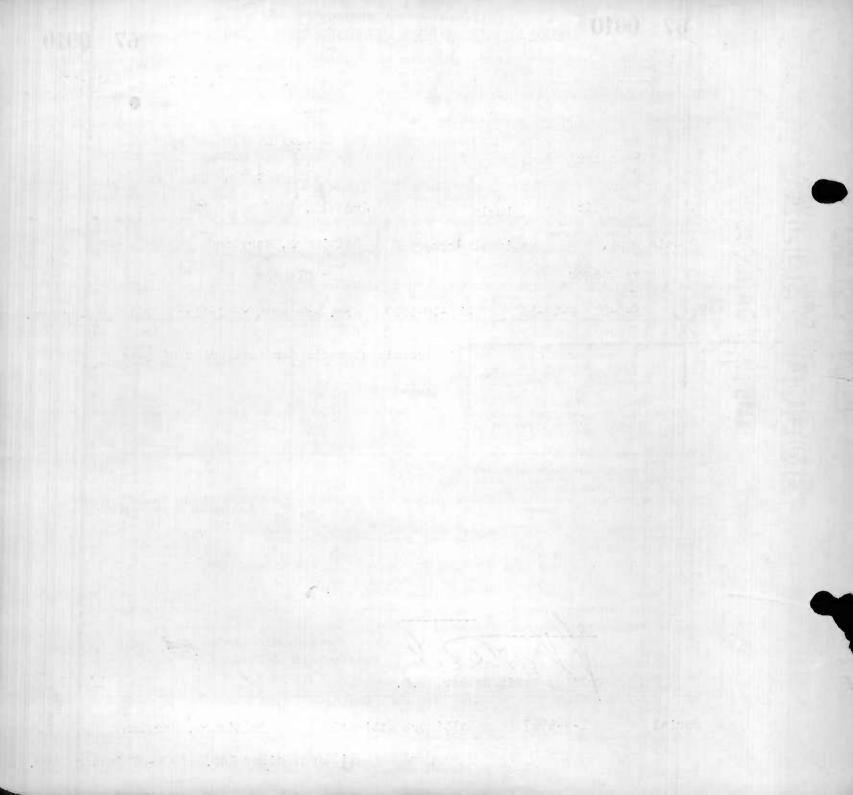
FUNERAL

BURIAL VISTEY " TO CONTROL

M.	E CASE NO.										
	NAME OF DEC	CEASED		11			2. DATE AN	D HOUR PRONOUNCE	D DEAD		
119	pe or Print)	ICTOR		TO	PORZYCKI		Janu	ary 2, 1967	1	6:05	A M.
3. F	LACE IN BALT		YLAND, WI			4. USUAL RESID		deceased lived. If instit	tution: reside		
						A. STATE Mar	yland	B. COU	NTY		
FUI	SPITAL OR	(IF NOT I	N HOSPITA	L OR INSTITU	TION, GIVE STREET		2	e carparate limits, write	RURAL on	d give townshi	(q)
IN S	TITUTION	ADD 11233	OR LOCA			D-1	4. 4		)	7	
	01	1. 77		Y7	1		timore	4	par Filter	6 6	D476904.7*
1	Ci	nurch Ho	ome &	Hospita	1	D. STREET ADD	RESS (II rural,	give lacotion)			
_							S. Broa	dway			
5. \$	EX	6. RACE			NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years last birthdoy)		Yr. If Under Days r Hours	
N	fale	White				Manah I	18, 1893	7.0	1410111113	ays Hours	14(11)
IOA	USUAL OCCI	JPATION (Give	kind of wark	Widowe	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n cauntry)	12. CITIZEN	N OF	
	e during most of v	varking life, ever	n if retired)							COUNTRY?	
10	Retire		hman	Can C	0.	Poland			U. S	. A.	
13.	TAINER 3 NAN	1 2				14. MOTHER'S M	AIDEN NAM				
			John	Toporzy	cki	Unknow	n				
15.	WAS DECEASE , na ar unknawn	D EVER IN U.	S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
1163	No	m yes, give v	war ar gales	of Selvice,	212-16-5042	Toha II	M7	1-1 0 071	٠		
						John V.	reporty	cki Sr. 21		ighland	
	1B. 44	21/1			CAUSE	OF DEATH				INTERVAL BE ONSET AND	
	DISEAS	E OR COND		ECTLY							
	471.	LEADING T			(A) Conges	tive Hear	t Failu	re			
	heart failure,	osthenia, etc.	. It means	the disease,	DUE TO						
	injury or cor	nplication whic	ch caused d	eath.)			-51-0				
	Δ.	NTECEDENT	CAUSES		A sate a sad	1	o Condi	arraganilan Dá			
		OR CONDITIO			(B) Arteri	oscieroti	c cardi	ovascular Di	Lsease		
	RISE TO TH	E ABOVE CAL	USE (A) ST	ATING THE	561.10						
z	ONDEREIN	16 CONDING	ON LASI.		(C)			· · · · · · · · · · · · · · · · · · ·			
0		11									
3	OTHER SIGI	NIFICANT COL	NDITIONS (	CONTRIBUTION	IG						
CERTIFICATION	TO THE	DEATH BUT	NOT REL	ATED TO TI					.304		
E.	19A. DATE OF				VHICH OPERATION	20A AUTOBO	(2 (Von at Na)	208, IF YES, WERE FIN	DINGS CO	MISIDERED	
2		O'ERAIION	WAS PERF		VIII OI ERATION	204. 4010/31		IN CERTIFYING CAUS			
	OLA EVTERNIA	CALLEE WA		lara .		No					
O	UNDERLYING	OR CONTRIB-	-	home,	farm, factory, street, o	n or obaut 21 <b>C. \</b> lfice bldg., INJUR'	Y OCCUR?	(II in Baltimare City, giv	e exoct loc	otian)	
0	UTING LCAU	SE OF DEATH	l.	etc.)							
Σ	21D TIME	(Month) (D	loy) (Year)	(Hour) 2	E. INJURY OCCURRED	21 F. H	JUNI DID WO	JRY OCCUR?			
	OF INJURY				HILE AT   NOT \	WHILE					
				m. W	ORK AT W	ORK					
	22.	ify that I he	ld on In	quiry	Inspection X Aut	opsy on	d that on thi	is bosis, deoth in m	v apinion		
							. 🗆				
	resui	ted from: No	Grutay cau	ses A	ccident Suicide			Indetermined monne	r []		
	ACTUAL		1/1/5	119/	- (/			AMINER		DATE SIG	NED
	SIGNAT		10	con	The M.D.	ASSISTANT M	EDICAL EX	AMINER 🔀			
	EXAMIN					ASSOCIATE M					
	NAME (		diger	Breiten	ecker, M/D.					1/2/67	
	BURIAL CRE	MATION, 238	B. DATE		. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (City,	tawn, or co	unty) (5	Stote)
	AOVAL (Specify		/	10							
	Burial		L-6-19		New Cathedra			timore, Mary			
24 A	. DATE REC'D	BY HEALTH [	DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		AC	DDRESS	
		AND	1007	1000	p 39 m	VILLI	& Zeil	er Inc 10	201-07	Tostan	Α
	1	HI 3	195/ (		D 10 11	1	Ja Bort	9. 1110. 19	01-01	Easter	I AV9



M.E. CASE NO.		ICAL EX	(AMINER'S C	ERTIFICA T	TE OF D	EATH Registe	ered No.	00:	10
1. NAME OF D	ECEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD		
(Type or Print)	VILLIAM BUNGER				Janua	ry 1, 1967		11:15	P.,
	ALTIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESID		eceosed lived, If ins	litution: resi	dence before	odmission
					cyland	B, CO	NIA		
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET			corporate limits, write	RURAL	nd give towns	ship)
NOITUTION				Ral	ltimore	1.	-0	3	
24	18 Foster Ave	nue		D. STREET ADD		give location)		The state of the s	
				2/1	8_Foste	r Avenue			
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT			If Unde	1 Yr, If Und	er 24 Hrs
Male	le White Widowed, DivorceD(specify)			Tanna 71.	3,000	9. AGE (In years lost hirthday)		Doys   Hours	
	CUPATION (Give kind of wor	Sing.	Le	June 14,		57	10 000		į
	of working life, even if retired)	KIUD KIND O	RONNESS OK INDUSIK	- 22			12. CITIZ WHA	T COUNTRY?	,
Bottle	Dept.	Nationa	al Brewery	Baltimo	ore, Mar	yland			
13. FATHER'S NA	AME			14. MOTHER'S M	AIDEN NAME				
He	nry Bunger			Anna C	Clemens				
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	5	
Yes	5-6-41 5-12			26		( (2 22 )	01-0		
18. //	D-0-41 2-15	-42	215-10-1027	Mrs. Ma	irgaret i	McClelland	5419	Foster	
4-8	21/1		CAUSE	OF DEATH				ONSET AND	
DISE	ASE OR CONDITION DI	RECTLY	Artorio	osclorotic	Cardio	ragoular Di	00000		
(This does	s not meon the mode of tre, osthenio, etc. It meons		DUE TO	Dacteroric	Cardio	vascular Di	sease	,	
heort foilu	re, osthenio, etc. It meons complication which coused	the disease. death.)	50110						
DISEASE	S OR CONDITIONS, IF A		(B)	***************************************					
RISE TO 1	THE ABOVE CAUSE (A) S	TATING THE	DUE TO						
	YING CONDITION LAST.		(C)						
0	11								
OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTII	NG						
E TO THE	DEATH BUT NOT RE	LATED TO T							
-	OF OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY	? (Yes or No) 2	OB. IF YES, WERE FI	NDINGS C	ONSIDERED	
2	WAS PER					N CERTIFYING CAU			
	IAL CAUSE WAS	21B.	PLACE OF INJURY (e.g.,			in Boltimore City, or	ve exact le	acation)	
	GOR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJURY	OCCUR?	the position of the graph, gr	VC CAUCI II		
7									
OF INJURY	(Month) (Doy) (Yeo		1E. INJURY OCCURRED	21 F. H	OM DID INJUI	RY OCCUR?			
(APPROX.)		m. V	VHILE AT NOT	WHILE					
22.	antical and bald and b				1.1				
	ertify that I held on					bosis, deoth in r		n	
res	ulted from: Natural ca	uses X	scident Suicid	e Homici	de U	ndetermined monn	er		
10711	1// //	100	5 //	CHIEF M	EDICAL EXA	MINER		DATE SI	CNED
SIGNA		V4/L	WALL MD	ASSISTANT M	EDICAL EXA	MINER X		DATE SI	OILED
EXAM	INED'S	Breiten	ecker, M.D.	ASSOCIATE M		and the same of th		1/2/6	7
23A, BURIAL CI	REMATION, 238, DATE	23	C. NAME OF CEMETERY	CREMATORY	23D. LO	CATION (City	, town, or	county)	(Stote)
Burial	1-5-19	767	Baltimore Na	tionel	Roll	timoro Ma	nre l'an-	1	
	D BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	timore, Ma	ATHU	DDRESS	
	1AN 9 4007	1000	E. Holling	o Tot 1145	0 (77 - • 75	-			
	JAN 3 1967	1 6 15	C" ACCONTA	) FTTO	& Zeller	Inc. 190	1-07 E	astern	Ava.



TULAN	BALTIMORE CITY	Y HEALTH DEPARTMENT		CH DOLL
BIRTH NO. 67 0011	CERTIFICA	TE OF DEATH	Registered No	6/ 1/111
M.E. CASE NO.	0_1((1), (0)		HOUR OF DEATH	
(Type or Print)	10	2.02	1 101	71 11 Dn1
3. PLACE OF DEATH IN BALTIMORE MARYLANE	gh D	4. USUAL RESIDENCE (Where	deceased lived. If inc	titition residence before admission)
		A. STATE B. COUNTY	,	4.0 6.3
FULL NAME OF (If not in hospital or instit	ution, give street	MARYLAND		13-05
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside	de city limits, write RU	JRAL ond give township)
2 THE JOHNS HOPKINS	HOSPITAL	BALTIMORE		
3 THE OURNS HOTKINS	HOSFITAL		ol, give location)	
		2252 W. MADI	SUN AVE.	
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED		AGE (In years st bjøthelpy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
MALE NEGROID	PARRIED (specify)	10-02-04	62"	
OA. USUAL OCCUPATION (Give kind of work 10 B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
tone during most of working life, even if retired)		Ball 1	/	WHAT COUNTRY?
DOUGSHORCHAN		04/10, Co. Ma	( .	V.D. H.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ALBERT TAYLOR		FLORENCE C	OHNSON	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of se	16. SOCIAL	17. INFORMANT		ADDRESS
10	9.18-01-6747	May Lilla T.	1000	SEA Hala ALLO
\(\frac{1}{18}\).	218-01-6747	INCS. LUCITIE TAR	ylor do	INTERVAL BETWEEN
4-311	CAOSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1)/	10 -1- 10	3	
(This does not mean the mode of dying,	(A) CLY	L. Clarlie C	neurys	<b>~</b> C.
heart failure, asthenia, etc. 11 means the di	sease,	2		
injury or complication which caused death.	a	f. 1 . f.	1/	
ANTECEDENT CAUSES	(B) (LA)	anoselinare	Vaccular	
DISEASES OR CONDITIONS, if any,	giving		deser	PE
rise to the above cause (A) stating	) the (C)	***************************************		
UNDERLYING CONDITION last.				
z II				
OTHER SIGNIFICANT CONDITIONS CONTRIL				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		1200	208 18 118 118 118 118	
12346 7 PERATION 198. CONDITION WAS PERFORMEN	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	tic (Ineurys-	- YES		
OR CONTRIBUTING CAUSE OF	home, form, factory, street,	in or obout 21 C. WHERE DID  iffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le 📉		
(AFFROX)	Work At Work			1
22. I certify that (this hospital) atten	ided the desegred from /	2/30/6 3 19	to	16.7
that (we) lost sow the deceased alive	e on 1/1/67	19 and that	in (our) opin	ion deoth occurred on the date
and hour and from the causes stated abo	//			
23A. SIGNATURE	(me) (ala) (	view the body offer death.		23B. DATE SIGNED
010 01 #	M.D. Att	ending Med. S	loff [7]	
Ith Herbner	Phy	s. Director P	hys.	1/1/67
Z3C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11.	//
H.R. GERTNER, JR	• M.D.	THE JOHNS H	OPKINS HO	SPITAL
	24C. NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (City	, town, or county) (Stote)
REMOVAL (Specify)	01 101	1 1		1,1
BuriA 1-5-67	Pleasant Rest		SUN	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		1701 LAURENS SI
JAN 3 196/ 02/2	BE STORES IN	MUNOTURI C. UG	eH +, H.	1701 LAURENS SI
V\$ 150-REV. 1/1/65				· · · · · · · · · · · · · · · · · · ·

\* I V Y -2.T1

67 0012	BALTIMORE CIT	HEALTH DEPARTMENT		CE 0040
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	67 0012
M.E. CASE NO.  1, NAME OF DECEASED  (Type of Pint)		2. DATE AN	D HOUR OF DEATH	
M.E. CASE NO.  1, NAME OF DECEASED  (Type or Print)  ACKAY  R	ICHARD	2 TA	7N. 67	1 3 5 P M
3. PLACE OF DEATH IN BALTIMORE MARYLAND	CIFAICE	4. USUAL RESIDENCE (Where	e deceased lived. If instit	tution: residence before admission)
((()		A. STATE B. COUNT		11-03
FULL NAME OF (If not in hospital at institution) HOSPITAL OR address or location)	on, give street	M D KAL	LTIMORE side city limits, write RUI	
FULL NAME OF (If not in hospitol or institution)  BY OF THE PROPERTY OF THE PR				KAL and give township)
E B B B B B B B B B B B B B B B B B B B		D. STREET ADDRESS (III	ural give location)	
5. SEX 6. RACE 7. MARRI WIDO WORLD WIDO WORLD B. KIND	1A6			111111
Description of the state of the		*	ST FRA	
5. SEX 6. RACE 7. MARR WIDO	WED, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Nonths Days Haurs Min.
WIDO		02-08-90	26	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND		11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	CHSTomes	1.1		1151
DE STATES NAME		14. MOTHER'S MAIDEN NAM	AF	03/4
to william H	Maal/aa/			L TP
		Lande HAI	nnah Elis	zavern
O 13. Was Deceased Ever in U. 3. Armed raices:	1 6. SOCIAL SECURITY NO.	17. INFORMANT		17 SAPORESS NNIE BRAG
Yes Ww I	213-34-464	MR. JAM	ES FIE	LAS TOWSONING
L 18. 1 1 1 1 1		DE DEATH	03 //6	INTERVAL BETWEEN
DISEASE OF CONDITION DISECTIVE				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Day	2.1.72 0.21.2 0		
LEADING TO DEATH  (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the disease	r.g.,	eumo;u;A	BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	
heart failure, asthenia, etc. It means the disease injury ar complication which caused death.)	150,			
T.F.	in Em	Physemit		
NO ANTECEDENT CAUSES	DUE TO	Physema		77 a 🕶 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating	ing the	CUD		
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	(0) 14 3			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
		NO	CERIFING CAUS	U ULAIN:
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, farm, factory, street,	in or obout 21 C. WHERE DID	(If in Baltimare C	City, give exact lacation)
DEATH (notify medical examiner)	etc.)	Since biogs, into ki Occok!		
D 21D TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
OF INJURY	While At Not Wh			
(APPROX.)	Work At Wark			
22. I certify that (I) (this hospital) attended	d the deceased from	31 Dec 1	9 66 to 2	JAN 1960.
that (I) (we) lost sow the deceased alive	2 JAN	.19 60 ond the	ot in (my) (our) opinie	on death occurred on the date
<u> </u>				
ond hour and from the couses stated above 23A. SIGNATURE	, (i) (iie) (uiu) (uiu not)	view the body offer death.	15	38, DATE SIGNED
E /	/ / M.D. At	rending Med.		2 0 6 10
Delliney 1. K.	whiley M.D. Ph		Staff Phys.	2 Jon 6 /
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		/
	M.D.	THE HALLON M	EMODIAL LIOC	CDITAL
SIDNEY E KIRKLEY	NAME of CEMETERY of CI		EMORIAL HOS	town, or county) (State)
REMOVAL (Specify)	<u> </u>			
Buried JAn. 5, 1967		emetery Tr	enton	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	11//	ADDRESS
14113 1967 (1) 2 15 2	Mars of a co	youn (. /)	the Ha	mpslead WId.
VS 150-REV. 1/1/65		11	11	1

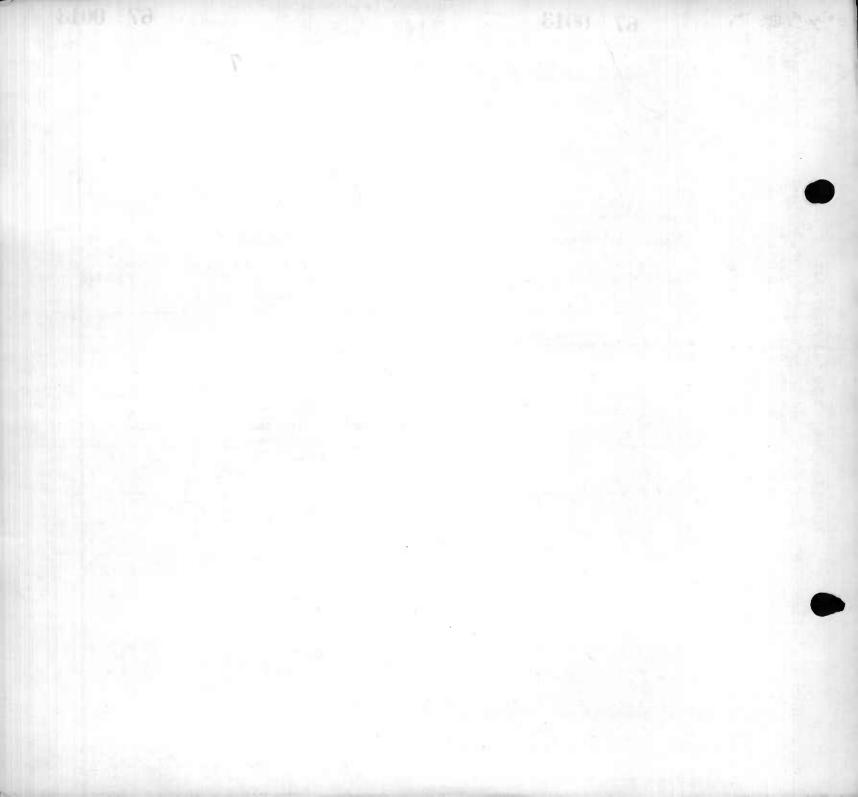
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the state of the same of

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65



FUNERAL DIRECTOR:

	DA COLLINIONE CITY	HEALTH DEPARTMENT		67 0	
IRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	67 0	0.14
N.E. CASE NO. NAME OF DECEASED (TRAWINSKI)	At	C/CHIA 2. DATE AN	D HOUR OF DEATH		
ype or Print) On lotkous	EL PAU	ifine 1-	1-1967		
PLACE OF DEATH IN BALTIMOKE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. Il ins	titution: residence	before admiss
FULL NAME OF (If not in hospital or institution,	nive street	77	romela	nd	1-0
MOCRITAL OR	-	C. CITY OR TOWN (If our	side city limits, write RI	URAL and give to	ownship)
Exurch Hame Y	Horpitel	13	altim	MAR	
INSTITUTION CONTROL Y	Belto	D. STREET ADDRESS (III	rural, give (acotion)	11	0
		709	Faklu	read 6	ine
	D, NEVER MARRIED D, DIVORCED (specify)		9. AGE (In years last birthday)	If Under 1 Yr. Months Days	If Under 24 Hours   Min
P. W	M	7-9-09	62		
A, USUAL OCCUPATION (Give kind of work 10 B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COL	JNTRY?
· Kousewift		MARYLAND		Am	erica
B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
matetian +	PAWINKE:	ANNA	SUMAR		
. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	2011011	ADDR	ESS
es, no or unknawn) (If yes, give war ar dates of service)	SECURITY NO.	EURL+en 12	1120001	6/1.	game
18. 0 0 0 1/14 1/10 1/	CAUSE O	F DEATH	benski (1	INTERV	AL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE O	1			AND DEATH
LEADING TO DEATH	in Se	plecemia		> 4	
(This does not mean the mode of dying, e.g. heart foilure, asthenia, etc. It means the disease				Colo	yo
		1 . 1	9		//
injury or comptication which caused death.)	" CKG	ramelocy	ory		
ANTECEDENT CAUSES	(B)	ramelocy	ory		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	DUE TO	iamilocy	ion,		
ANTECEDENT CAUSES	DUE TO	ianels cy	ory		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to like obove couse (A) sloting like	(B) DUE TO				
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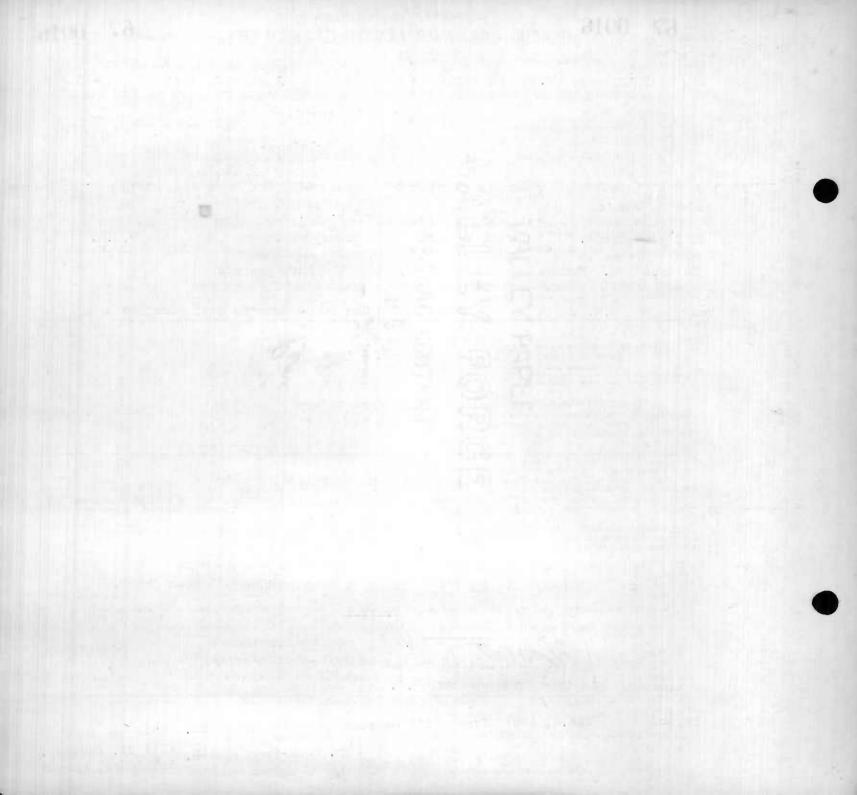
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MEDICAL CERTIFICATION	hearl failure, cinjury ar comp  A  DISEASES OI rise to the UNDERLYING  OTHER SIGNIF TO THE DE DISEASE OR C  19A. DATE OF  21A. A CCIDEN OR CONTRIBUT DEATH (notify)  22. I certify 1 that (1) (we) ond hour ond 23A. SIGNATUR NAME (Ty) BURIAL CREM	ISTANCE OF THE PROPERTY OF THE	ande of means caused CAUSES IS, if of e (A) dast.  CHONS CIT RELAUSING IT RELAUSING	the disease, death.)  any, giving stating the CONTRIBUTION FOR CORMED  21B ham etc.  (Hour) 21E Who wo control of the control	GE WHICH OPERATION  PLACE OF INJURY PLACE OF INJURY OCCURRI ille At	(le.g., in or obereet, office bld  ED  Ot While  Work  Attending Phys.  AM.D.  AM.D.	A. AUTOPSY? (Yes or N. N. N. O.	JURY OCCUR?  Stoff Phys.	E FINDINGS AUSES OF D  One City, give	exact location)  19 h occurred on the
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MEDICAL CERTIFICATION	hearl failure, cinjury ar comp  A  DISEASES OF TIME TO THE DE DISEASE OR COMPANY  21A. ACCIDEN OR CONTRIBUT  21A. ACCIDEN OR CONT	Isthenia, etc. It is indication which NTECEDENT CR CONDITION above cause CONDITION IS INCANT CONDITION CAT BUT NO CONDITION CAT BUT NO CONDITION CAT WAS UNDERLY NO CONDITION CAT WAS UNDERLY NO CAUSE medical examine (Month) (Day)  Thot To (this helps to sow the defrom the couse to couse the couse to couse the couse to couse the couse the couse to couse the couse the couse to couse the	Auses  CAUSES  IS, if of e (A) lost.  CAUSING III  CAUSIN	the disease, death.)  any, giving stating the CONTRIBUTION. TO THE TED TO THE CORMED C	CO DUE  (C)  GE  WHICH OPERATION  PLACE OF INJURY  INJURY OCCURRI  INJURY OCCURRI  IN A  A  A  A  A  A  A  A  Compared to the control  A  A  A  A  A  A  A  A  A  A  A  A  A	(le.g., in or obvice the office bld)  Dot While work  Attending Phys.  23D. AI  M.D.  or CREMATO	A. AUTOPSY? (Yes or N. N. N. O. C. WHERE DID 19. O.	JURY OCCUR?  Stoff Phys.  OCATION  Baltimore,	E FINDINGS AUSES OF DOOR City, give	exact location)  19 o  h occurred on the  E SIGNED  County) (Stote
MEDICAL CERTIFICATION	hearl failure, cinjury ar comp  A  DISEASES OF TIME TO THE DE DISEASE OF TO THE DEATH (notify)  21 A. ACCIDEN OR CONTRIBUT  21 D. TIME OF INJURY (APPROX.)  22 I Certify 1  that (1) (we) ond hour ond  23 A. SIGNATUR  24 C. PHYSICIAN NAME (Ty)  BURIAL CREN REMOVAL (S)  BURIAL CREN REMOVAL (S)  BURIAL CREN REMOVAL (S)	AATION, 248. Discision which NTECEDENT C R CONDITION above cause CONDITION 1  ICANT CONDI	Auses  CAUSES  IS, if of e (A) lost.  CAUSING III  CAUSIN	the disease, death.)  any, giving stating the CONTRIBUTION. TO THE TED TO THE CORMED C	GE WHICH OPERATION  PLACE OF INJURY 10, form, factory, st  INJURY OCCURRI 11 N  11 (Ma) (did) (did  AME of CEMETERY	(le.g., in or obvice the office bld)  Dot While work  Attending Phys.  23D. AI  M.D.  or CREMATO	A. AUTOPSY? (Yes or N. N. N. O.	JURY OCCUR?  Stoff Phys.  OCATION  Baltimore,	E FINDINGS AUSES OF D  One City, give	exact location)  19_6 h occurred on the e signed county)  ore, Md. ADDRESS

of the Volume

1
M-625
BIRTH NO. 67

0016
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0016

TALL NO.	ICAL LA	AMIII ALIK 5 C	LICA	IL OI DEATH RESISTEN	
M.E. CASE NO.					
(Type or Print) HENRY	. M	IORGAN		January 1, 1967	2:35 P
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If institute B. COUN	ution: residence before odmission
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUT	TON, GIVE STREET	Mar	yland WN (II outside corporote limits, write	
4403 Asbury Ave	enue		D. STREET ADD	timore   RESS ( f rurol, give locotion)	16-07
				3 Asbury Avenue	
5. SEX 6. RACE		VORCED (specify)	B. DATE OF BIRT	H 9. AGE (In years lost birthday)	Months, Doys, Hours, Min.
Male White		Married	Sept. 26	5, 1909	12 CITITAL OF
dona during most of werking life, even if retired)		ian Home	Pennsyl		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME	
Taliesin W. Morga				Mary Harris	
15. WAS DECEASED EVER IN U.S. ARMEE (Yes, no or unknown) (If yes, give wor or dote		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes W.W. 2			Donald J	Johnson Funeral Home	e, Hudson, Ohio
(This does not mean the mode of head foilure, osthenio, etc. It means injury or complication which coused  ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. CONWAS PER	CONTRIBUTING LATED TO THE	(C)		- N	DINGS CONSIDERED
1			Yes	IN CERTIFYING CAUSE	
21 A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH.  21 D TIME (Month) (Doy) (Yeo OF INJURY	r) (Hour) 211	form, foctory, street, OME  E. INJURY OCCURRED	office bldg., INJURY 44(	OS Asbury Avenue	26-02
(APPROX.aboutl2 31 '66	? m. W.	ORK NOT	WHILE X APT	parently Fell Down S	Steps.
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudige	Surti	Inspection Aucident X Spicio	Homici CHIEF M	d that on this basis, death in my de Undetermined manner EDICAL EXAMINER  EDICAL EXAMINER  EDICAL EXAMINER	
23A. BURIAL CREMATION, 23B. DATE		NAME of CEMETERY	or CREMATORY	23D. LOCATION (City, 1	town, or county) (State)
Burial Jan.4,	1967 C	rown Hill Ce	metery		
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME O		24C. FUNER.	Summit Co., OI	WDDKE22
181 9 1007	00 80 5	Ja Cora	Wm. Co		17 St. Paul St.
VS 151-REV. 1/1/65	1	1		ba,	ltimore, Marylan



DIRECTOR:

FUNERAL

Figure 1 --- V --w ę THE PARTY OF THE P

death

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

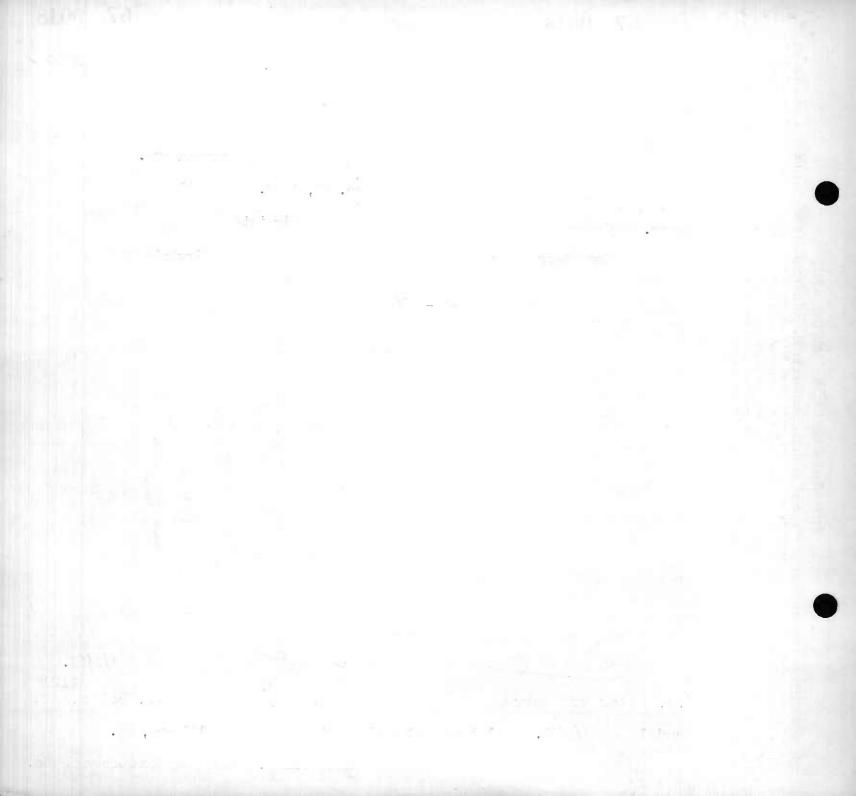
Hours

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

21210

same

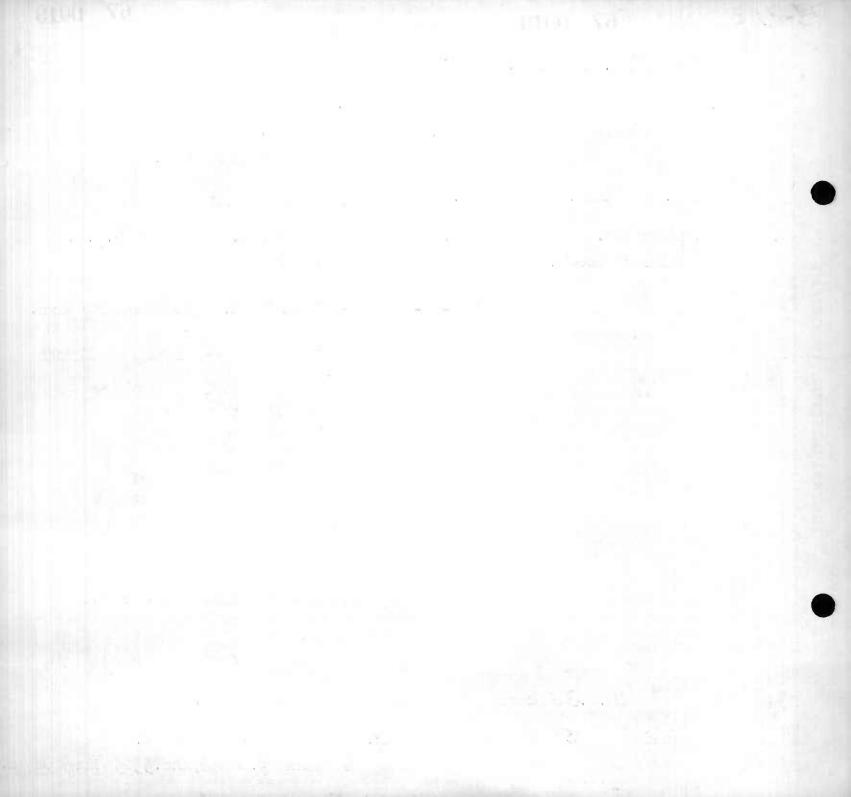


IMPORTANT

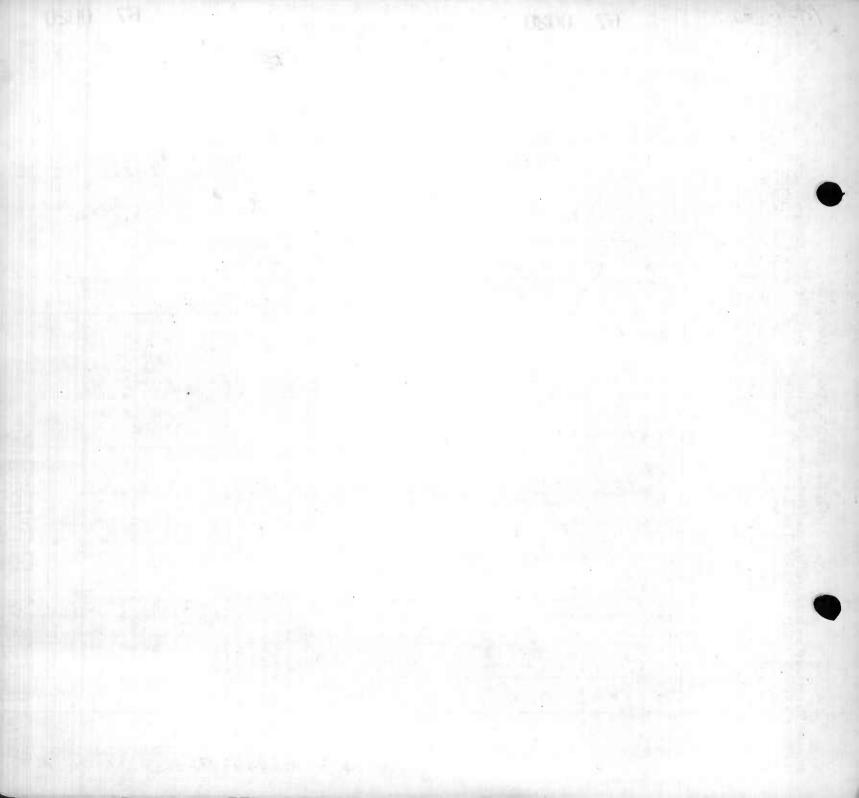
FUNERAL DIRECTOR:

	Union .	Memoria	Hosp.	Bal.	timore.	If rurol, give tocotion)	8-0	
				341		Istock Ave	2.	
ex ale.	6. RACE White	WIDO	HED, NEVER MARRIED (WED, DIVORCED (specify)	B. DATE 0	1913	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys	Hours Min.
	UPATION (Give ki	nd of work 10 B. KINE	OF BUSINESS OR INDUST	RY 11. BIRTHP	LACE (State of for	reign country)	12. CITIZEN C	OF OUNTRY?
Superv	isor.	La	undru.	Bal	timore.	Md.	4.5	.A.
ALbe	ert Boo.	th.	0	Non	a ?	AME		
Wos Deceose s, no or unknow	d Ever in U. S. A	rmed Forces? or or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORA	AANT		ADD	RESS
No			213-03-777	2 Don	is V.Bo	oth. 3410	Woodsto	ck Ave.
18. 4 DISEA	0 / 1	TON DIRECTLY	CAUSE	OF DEATH				T AND DEATH
DISEA	LEADING TO		(A)	Frute	myocar	die Calmi	4	mintes
heart failure	, osthenio, etc. l	mode of dying, II meons the dise	e.g., DUE TO					90
injury of co	ANTECEDENT		(B)	7 teno	sclarote	hent si	read 4	tyrs
DISEASES		NS, if ony, give	DUE TO		nta	angins		
rise to If		se (A) sloting						
TO THE [	II  NIFICANT CONDI  DEATH BUT NO  R CONDITION CA	TIONS CONTRIBU	TING THE	J.S.	. 15			
	F OPERATION 1		OR WHICH OPERATION	20 A. AL	JTOPSY? (Yes or I	No) 20 B. IF YES, WERI	FINDINGS CON AUSES OF DEAT	SIDERED H?
OR CONTRIB	ENT WAS UNDER	OF	21 B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg.,	IC. WHERE DID	(If in Boltime	ore City, give exo	ct focotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Yeor) (Hour)	21E. INJURY OCCURRED  While At Not Work  Not Work	hile —	F. HOW DID IN	JURY OCCUR?		
22 Leartify	v +ha+ (I) (+his	hospital) attend	ed the deceased from		112-	19to	12/21/	66 19
		deceased alive	4 - 1 -	/	1 1	that in (my) (aur) of	,	
			e. (I) (We) (did) (did not	'				
23A. SIGNAT		141		,			23 B. DATE SIG	ENED
	d		M.D.	Attending	Med. Director	Stoff Phys.	11.	3/67
23C. PHYSICI NAME (	Tunol	Friedman		23D. ADDRI	Harto.	. 0.		
BURIAL CR REMOVAL	EMATION, 24B.		C. NAME OF CEMETERY OF C		24D.		City, town, or cou	nty) (Stote)
	D BY HEALTH DE		ME OF REGISTRAR	25G. FL	neral direct	A P	Δ	Joress Jarford Ro
150-REV. 1/1.	/65	91 (1)	,					· · · · · · · · · · · · · · · · · · ·

BALTIMORE CITY HEALTH DEPARTMENT



Bina	HNO 67 0020		HEALTH DEPARTMENT	Partmand Na	67 0020
	H NO. UT UUCU	CERTIFICA	TE OF DEATH	Registered No.	
1. N	AME OF DECEASED	#2 TD	2. DATE AN	HOUR OF DEATH	18:35 A
3. P	LACE OF DEATH IN BALTIMORE, MARYLA	es R. Dorsey	4. USUAL RESIDENCE (When	deceased lived. II in	estitution: residence before admission
			A. STATE B. COUN	ry	
F	ULL NAME OF (If not in hospital or in address or location)	stitution, give street	C. CITY OR TOWN (If out	side city limits write	RURAL gald give township)
	NSTITUTION //	41	Ba Timor		16-01
0	Lutheran Ho		D. STREET ADDRESS (If	urol, give location)	
	(Accident Roo	in)	5004 - Pri	esstman Ji	7.
5. S		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months: Days Hours Min.
1	re Negroe	Widowed	4/4/13	53	
	USUAL OCCUPATION (Give kind of work 10 B. eduring most of working life, even if refired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	salard Girl		Mulyland		
13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NAA		
	James T. Dorsey		Kattie Ho	lley	
	Nos Deceosed Ever in U. S. Armed Forces? ,no or unknown)(If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		214-12-9062	Walter Dorse	y 4424	Filley Ave
	18.44 20 1 1	CAUSE O	1		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY	42	1	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying	(A) /1	cute Myocar	life Intol	54
	heart failure, asthenia, etc. II means the				
	ANTECEDENT CAUSES	In.)	utergine Auterioscle	die adjumi	avan \
	DISEASES OR CONDITIONS, if any,	DUE TOV			
	rise to the above cause (A) state	as a second			
	UNDERLYING CONDITION last.				
ATION	DTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
ERTIFIC/		ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)	ince blags, introdu occou:		
ō	21D. TIME (Month) (Doy) (Year) (H	our) 21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
2	(APPROX.)	While At Not While At Work			1
	22. I certify that (1) (this hospital) at			9 44 to Dec	ember 16 19 66
	that (I) (we) last saw the deceased al	ive on December 11	10 6 6		
	and haur and from the couses stated a			r in (my) (dur) opi	nian death accurred an the da
	23A. SIGNATURE	300ve. (1) (11e) (ala) (ala noi) v	new the bady offer death.		23B. DATE SIGNED
	Robert C Rl. B.	M.D. Atte	ending Med.	Stoff Phy s.	1/1/12
	23C. PHYSICIAN'S		23D. ADDRESS	Phy s.	1./1/4/
	NAME (Type)	Kmon M.D.	Lutheran	Hora: tal	
24A	BURIAL CREMATION, 24B, DATE	24C. NAME of CEMETERY OF CRI			ty, town, or county) (Stote)
	REMOVAL (Specily)	Balto Nation			.,,, 0,,, (31016)
	13/41	100110110110	101 -6111 00		
25 A	DATE REC'D BY HEALTH DERT JOSE	NAME OF REGISTRAD	25C FUNERAL DIRECTOR		ADDRECE
2 <b>5</b> A	JAN 3 1967	NAME OF REGISTRAN	25C. FUNERAL DIRECTOR	14 928	F. NOTE A

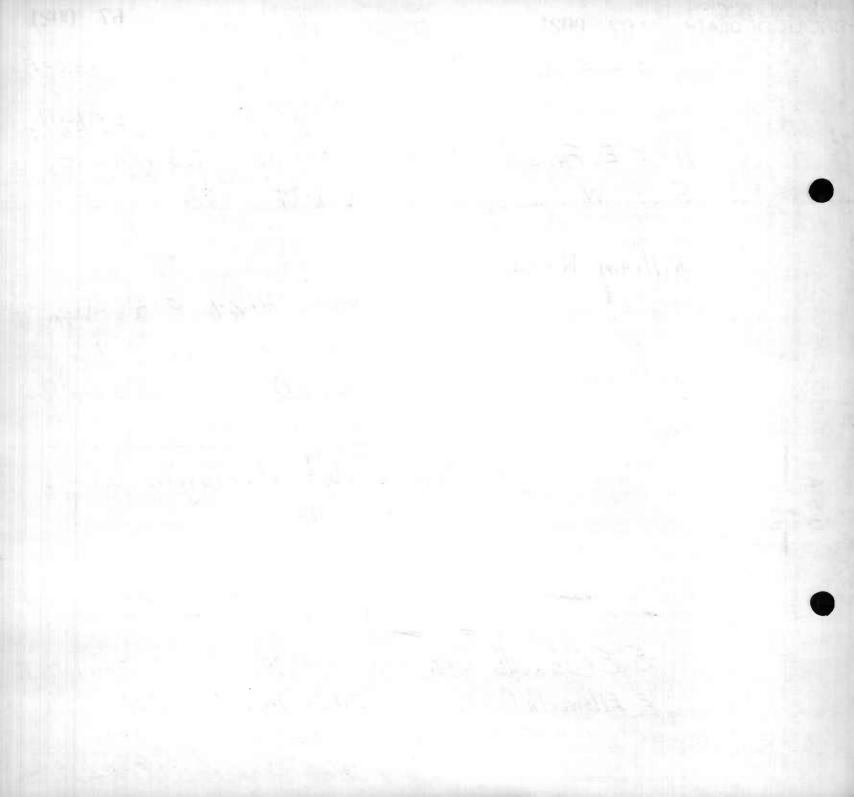


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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT



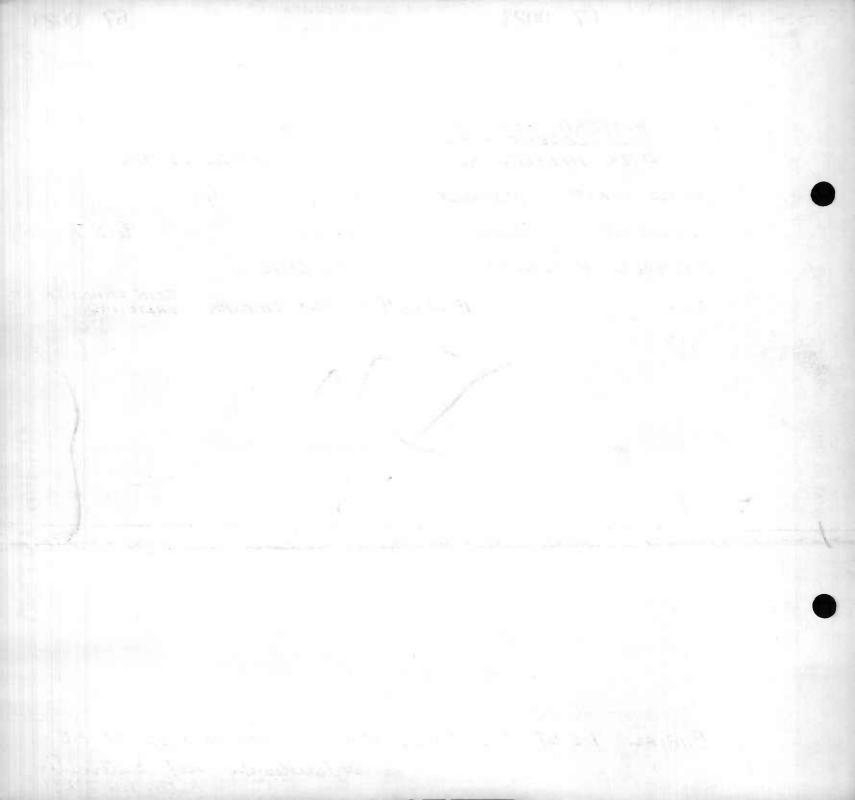
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DIRECTOR:

VS 150-REV. 1/1/65

Corrected by Birth Certificate A-60167 - for Mary Nojek 2-3-67 M.H.

	67 1	0023	BALTIMORE CIT	Y HEALTH DEPARTMENT		67	0000
BIRTH NO.	07	ししたら	CERTIFICA	TE OF DEATH	Registered Na.	07	0023
1, NAME OF DECEASED		CHIM	IAK		AND HOUR OF DEATH	67	1:42.P
3. PLACE OF DEATH IP	BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If in	nstitution: residence	e before admission
FULL NAME OF HOSPITAL OR	(If not in hospitol oddress or locati	l or institution, giv	e street		21213	DUDAL	. 1.
INSTITUTION HAI		GARDE ENT HO	ENS"	BALTO.	outside city limits, write	26-03	pwnsnip)
4.70		RFORD H	77C,		ff rural, give location)	DR.	
SEX 6, RA		7. MARRIED. N	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Trans.	II Under 24 Hrs Hours Min,
	Uhire.	WIDOU	NED	JUL. 15, 97	69		
OA, USUAL OCCUPATE one during most of working	life, even if retired)	11	USINESS OR INDUSTR	D	reign country)	12. CITIZEN O	UNTRY?
HOUSEWII	FC.	Home	P	14. MOTHER'S MAIDEN N	AMF	4.5	i,H,
MICHAEL	RARI	DWSKI		CATHERINE			
5. Was Deceased Ever	in U. S. Armed Fo	orces?	6. SOCIAL	17. INFORMANT		ADDI	RESS
Yes, no or unknown) (II ye	s, give wor or aa		15-22-6127	ANTHONY CH	IMIAK B	ALTO MI	INNON D
18.203	X 1			OF DEATH		INTER	AL BETWEEN
	CONDITION D			Bu Dat	neuwee	1 -	doors
(This does not me heart failure, asthe			DUE TO	The Killson	1		J
injury ar camplical	ian which couse	d death.)	Si Si	wellette u	byllowe	1	
DISEASES OR C	ONDITIONS IF		DUE TO	to Sugar V	7 Dasting	J	
rise to the ob-	ave cause (A)		(C) / (Q	a con para con	0	<b>3</b>	
	11		Ď.	Feft Ja	euw c		
OTHER SIGNIFICAN	BUT NOT REL	LATED TO THE	fee o	adama	marino Le	120	
DISEASE OR CONT	ATION 198. CO	NDITION FOR WH	IICH OPERATION	20A. AUTOPSY (Yes or	NAT 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	DERED
				U			
OR CONTRIBUTING DEATH Inotify media	CAUSE OF	home,	lorm, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoc	t lacotion)
0 21 D. TIME (Mon	nth) (Doy) (Yeor	r) (Hour) 21 E. IP	NJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?		
OF INJURY (APPROX.)		While Work	At Not Wh				
22. I certify that	(I) (this haspite	al) attended the	decepsed from	000,19	1966 to Je	ou 2	1207
that (I) (we) last	saw the deceos	sed alive an	Jew	2 19 67 and	that in (my) (out) api	inion deoth occ	curred on the do
	the causes st	ated abave, (I) (	(We) did) (did nat)	view the bady after death	1.		
23A. SIGNATURE	1	a . Do	A A ONA M.D. A	tending Med.	Stoff Phys.	23B. DATE SIG	NED
23C. PHYSICIAN'S	1 W	free	PI	23D. ADDRESS	rhys.		
NAME (Type)			M.D				
24A. BURIAL CREMATIC	ON, 248. DATE	24C, NAN	AE of CEMETERY OF C	REMATORY 24D.	LOCATION (C	ity, town, or coun	ty) (State)
BURIAL	1-5-6	7 HOLY	CROSS		NNE ARUNDA		MD.
25A. DATE REC'D BY H	EALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	or 2007	Enta	DORESS ave.
'S 150-REV. 1/1/65	N 4 1967	W.C.D	SE VELOSSEN ENS	of requien	Bul	a. Md.	21231
						An Late	91



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	CM 0000	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	67 0025	CERTIFICA	ATE OF DEATH	Registered No	67 0025
M.E. CASE NO.  1. NAME OF D.  (Type or Print)  3. PLACE OF D.		GELITY	4. USUAL RESIDENCE (Whe	ND HOUR OF DEATH	titution: residence before admissi
FULL NAME HOSPITAL O INSTITUTION		ution, give street	C. CITY OR TOWN (IF SU	ty fan D itsidy city limits, write RI	URAL one give township
- /	DO N. Budo	duray	D. STREET ADDRESS. (IF	rurol, give locotion) 30 N.D 57	(31)
5. SEX	C WI	RRIED, NEVER MARRIED	10-18-21	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 I Months Days Haurs Min
	CUPATION (Give kind of work 108, KI of working life, even if retired)	ND OF BUSINESS OR INDUSTR	N.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N			14. MOTHER'S MAIDEN NA		
	MGENE GUN ed Ever in U. S. Armed Forces?	DY	OLIVIA 17. INFORMANT	6 un	ADDRESS
(Yes, no ar unkno	wn) (If yes, give war ar dates of se	(vice) SECURITY NO.	Levelle		> ADDKESS
1B. 26	OXI	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRECTLY LEADING TO DEATH	12	ratining mus	cardial Isc	a day
	not meon the mode of dying, e, osthenio, etc. It meons the di		vuo on i	with the second	usma T.
	omplication which coused death.		office main		
	ANTECEDENT CAUSES	DUE TO	gorcarma	00 0	
	OR CONDITIONS, if ony, the obove couse (A) stoling		alcetes mel	litus	years
UNDERLYI	NG CONDITION lost.	7	with acide	vaca	dous
E TO THE	II  SNIFICANT CONDITIONS CONTRI  DEATH BUT NOT RELATED TO  OR CONDITION CAUSING IT.				
	The state of the s	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at N	1) 20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Haur	21E. INJURY OCCURRED  While At Not Work  Not Work		JURY OCCUR?	
22. I certi	fy that (I) (this haspital) atter	ided the deceased from	2-28	1966 10 /	-1- 196
that (I) (w	e) last sow the deceased oliv	e on /- /-	19 6 7 and th	not in (my) (our) apin	ion death occurred on the
	and from the couses stated abo	ove. (I) (We) (did) (did not)	view the body after deoth.	3	
23A. SIGNA	Denafle	M.D. A	ttending Med. Director	Staff Phýs.	238, DATE SIGNED
23 C. PHYSIC NAME		PENAFLORME	23 D. ADDRESS	Gome &	Korpital
REMOVAL BULL	(Specify) Jun 5/67	Mt auturn	d Cenv. E	restruct	(State
SA. DATE REC	IAN A 1967 A	AME OF REGISTRAR	25C. FUNERAL DIRECTO	Eliflesa	ADDRESS CHERCES
/S 150-REV. 1/	1/65				

RECEIPTED TO STATE OF THE PROPERTY IN THE PROPERTY OF THE PROP 16 4 13060 24 (3) 34 15 81-01 3/24/31 CLIVIA GUNDES ENGENE QUADES Sugare Enterer Myres del Blemen H Septilemia Wishele melliper 475 B. Elevafler waters revelence affectly them I feeling Contract has step solve him the " Statement Wall Bergen & Eliste & margine

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DIRECTOR:

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VS 150-REV. 1/1/65

Baldward Word of the partie 404 S. Pose ST. 8-16-93 33 A. 101.01 MERRY ERRORT (Hers) GOOD EE Cerebrotioncolles adoption de la constante de displate mellifam gan 32-60 1 -87. Penaglas Spagnon Français Colored Bone of Wenter

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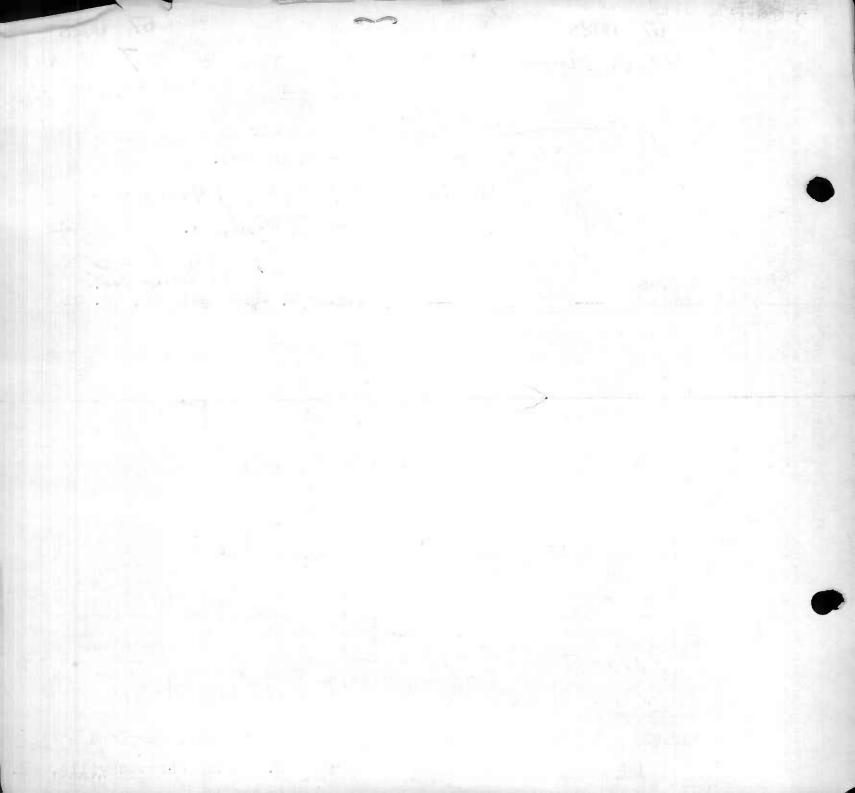
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	BALTIMORE CITY	HEALTH DEPARTMENT		CM 000M
IRTH NO. 67 0027	CERTIFICA	TE OF DEATH	Registered No.	67 0027
NAME OF DECEASED			D HOUR OF DEATH	
ype or Print) PRITCHETT, GE	ORGE CLARENCE		ary 1, 196	7   11:10p
PLACE OF DEATH IN BALTIMORE, MARYLAN			e deceased fived. If i	titution: residence before admission
FULL NAME OF (If not in haspital or insti	tution and attack	Maryland		
FULL NAME OF (If not in haspital ar insti HOSPITAL OR oddiess or lacation) INSTITUTION	iutian, give stieet		side city limits, write	RURAL ond give township)
INSTITUTION		Baltimore		7-02
810 N. Milton Avenu	e	D. STREET ADDRESS (If r	ural, give lacation)	
Baltimore, Maryland	21213	810 N. Milton	Avenue #5	
	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
7	arried	2.8.1907	59 yrs.	
OA. USUAL OCCUPATION (Give kind of wark 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
dane during mast of working life, even if retired)  Carpenter  Un	iversal Machine C	orn. Baltimore	Md	U.S.A.
3. FATHER'S NAME	a voi bal madillio o	14. MOTHER'S MAIDEN NAM		0.D.A.
[7				
Warnie Pritchett  5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Mabel R. Grav	res_	ADDRESS
Yes, no oi unknown) (If yes, give woi ar dates af se	rvice) SECURITY NO.			
no	215-07-5593	Helen Pritchett	, wife, abo	ve
18./ 5 = 1	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CANCER	Moral	, > 4, 4
(This does not mean the made of dying,	e.g., DUE TO	CANCER-	COCON	1-2745.
heart failure, asthenia, etc. It means the di	sease,			
ANTECEDENT CAUSES	(R)	446		
	DUE TO	\$\$\$\$0.00000000000000000000000000000000	• == = • • • • • • • • • • • • • • • •	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving g The (C)			
UNDERLYING CONDITION last.	i in the state of	16000000 00000000 0 0 0 0 0 0 0 0 0 0 0	= 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
7				
OTHER SIGNIFICANT CONDITIONS CONTRI				
A DISEASE OF COMPLIENT CADSING II.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na	208 IE VEC WEBE	CINDINGS CONSIDERED
" NAS PERFORME	D	A Car	IN CERTIFYING CA	USES OF DEATH?
1) 121 A. ACCIDENT WAS LINDERLYING	21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Baltimore	: City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, farm, factory, street, a	fice bldg., INJURY OCCUR?		, etty, green kaar taaanan
U		215 112 112 112		
OF INJURY	While At Not While	21 F. HOW DID INJU	DRY OCCUR?	
(APPROX)	Wark At Wark			
22. I certify that (I) (this hospital) atter	nded the deceased from	9-25-65	9 to JA	N- 1967
that (1) (we) last sow the deceased allv	e on 12/31/66	19	at in (my) ( <del>out)</del> opi	nian death occurred an the d
and hour and from the causes stated ob-	ove. (1) (We) (did) (did nat)	riew the body ofter death.		
23A. SIGNATURE	1			23B. DATE SIGNED
flace Bo	1100 Zun DM.D. Atte	ending Med.	Staff Phone	1-3-67
23C. PHYSICIAN'S	ros, Phy	23D. ADDRESS	Phys,	
NAME (Type)	M.D.	110		
Dr. Benj. Moses			e Avenue	
REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORT 24D. LC	OCATION (C	ty, town, ar caunty) (State
Burial 1/5/67	Oak Lawn Cemete		aryland	
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ral Home T	ADDRESS
JAN 4 196/1 以改	SUST CITAL SELECTION	201003-05	Madison Str	eet #5

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VS 150-REV. 1/1/65



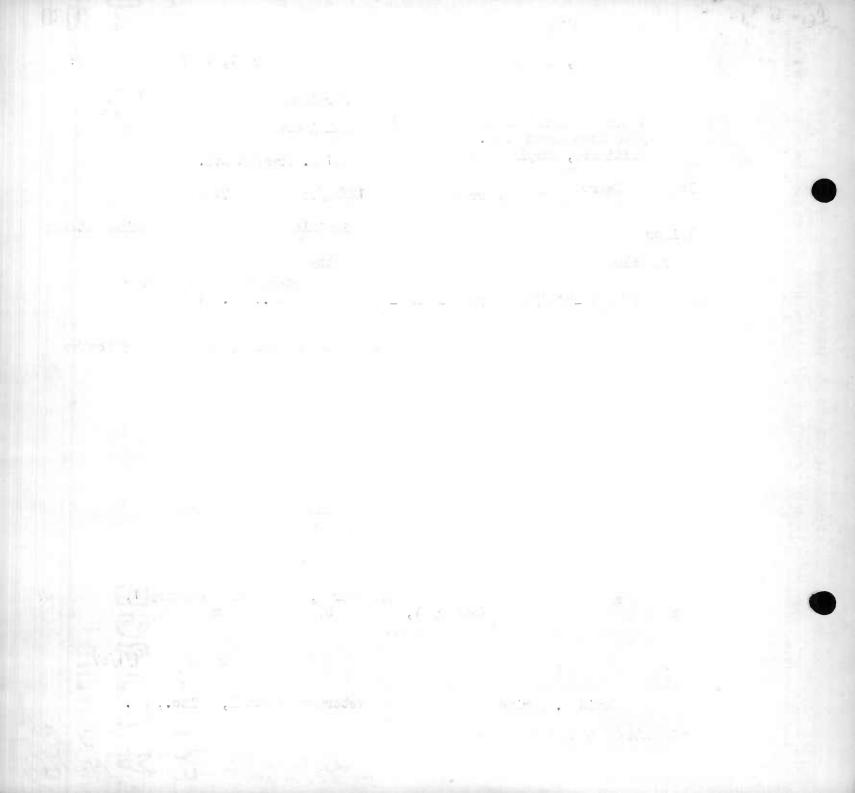
		BALTIMORE CITY	HEALTH DEPARTMENT		0000				
	th NO. 67 0029	CERTIFICA	TE OF DEATH	Registered Na	67 0029				
1. N.	AME OF DECEASED	chle C.	2. DATE AN	D HOUR OF DEATH	367 11 8				
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If inst	titution: residence before odmiss				
	FULL NAME OF (If not in hospital or instit	ution, give street	Md. 34	, Mary's					
	NSTITUTION Baddless of localidary		C. CITY OR TOWN (If out	6 1 81	USS ESLUCY				
1	University &	Aspida C.		urol, give locotion)	1000				
				nigoes	. 68-00				
5. SI	F C WIE	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	2/8 03	ast bioliday	If Under 1 Yr. If Under 24 I Months Doys Hours Min				
	. USUAL OCCUPATION (Give kind of work 10B, KI)  • during most of working life even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY2				
16	MILLIN CAULAT		14. MOTHER'S MAIDEN NAM	A.F.	4.5.4.				
13. [	James F. Bal	l	Z	A E					
15. V (Yes,	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	18.	CAUSE C	OF DEATH		INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY		1. 1 2		ONSET AND DEATH				
	LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TO	uningean	4	•••••				
	heart foilure, asthenia, etc. It means the di- injury or complication which caused death.	seose,							
	ANJECEDENT CAUSES	(B)		** * * * * * * * * * * * * * * * * * *					
	DISEASES OR CONDITIONS, if ony,								
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	) the (C)		v a v - a - a a a a - v a - v a - v a a a a					
	1								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.								
ERTIFIC,		FOR WHICH OPERATION MULLISION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?				
O	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OVINJURY (e.g., i home, form, foctory, street, o etc.)	n or obout ZIC. WHERE DID	(If in Baltimore	City, give exact location)				
103	21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJU	JRY OCCUR?					
->	(APPROX)	While At Work Not Whi		, , , , ,					
	22. I certify that (I) (this haspital) attended the deceased fram 12/2, 5 19 66 to 12 67 19 60								
	that (1) (we) last saw the deceased alive	e an // do	19.66 and the	at in (my) (aur) apin	ian death accurred on the				
	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.								
	23A. SIGNATURE COM SON	100 MD AT	ending Med.	Stoff	23 B. DATE SIGNED well				
	MAG. 106 (1006)	relussour Phy	s. Director	Phys.	fall le				
	23C. PHYSICIAN'S NAME (Type)	4 4 14	23D. ADDRESS	in 10	0				
24A.	BURIAL CREMATION, 248, DATE	SON M.D.	anco. Ho	sparal					
247	REMOVAL (Specify)	7nf Fior Cen	EMAJORY 24D. L	suit lening	Stote				
25A	DATE REC'D BY HEALTH DEPT. 258. N.	AME OF REGISTRAR	25C FUNERAL DIRECTOR	<u> </u>	ADDRESS				
	JAN 4 1967 A C	TAR JABAR	Wellin.	2 2016	WAR ALLENS				
1/6 3	150-PEV 1/1/65	and an assessing	2002 11	made and	er Dast 16 Det				

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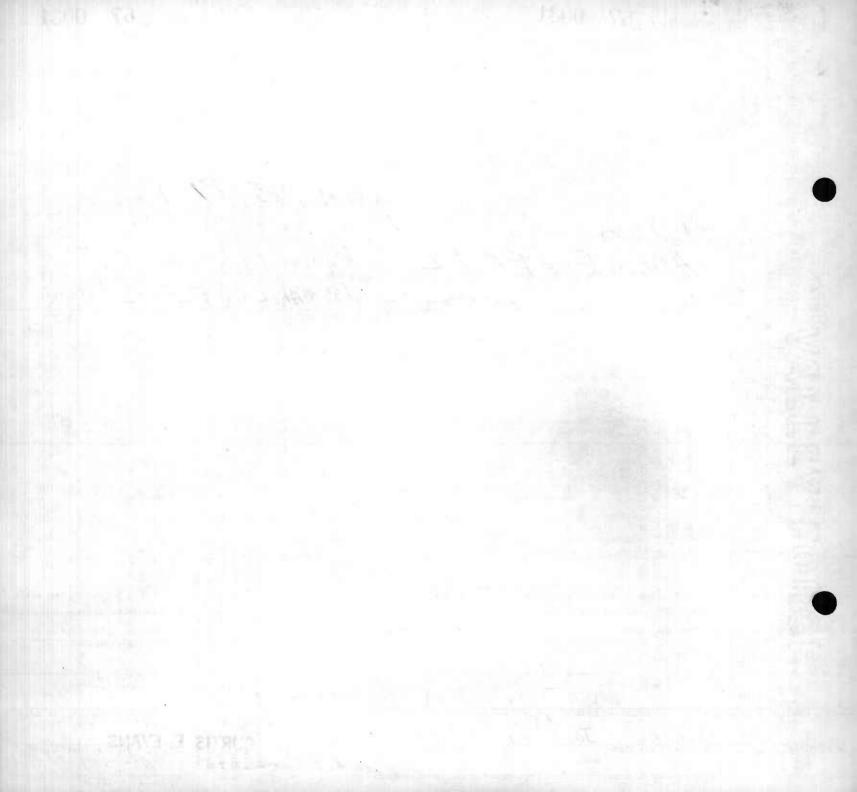
IMPORTANT

FUNERAL DIRECTOR:

			BALTIMORE CITY	Y HEALTH	DEPARTMENT		67	0000
BIRTH NO.	67 0030		CERTIFICA	TE O	F DEATH	Registered Na.	0/	0030
I, NAME OF D					2. DATE AN	D HOUR OF DEATH		
Type or Print)	MALONE, RO	BERT NMT				y 1, 1967	19	9:05
PLACE OF D	DEATH IN BALTIMORE, MA			TA. USUA		re deceased lived, If in	stitution: residen	
				A. STAT			131110110111 10310011	ce before definition
FULL NAME	OF (If not in hospital	or institution, give	street	Ma	aryland		V	
HOSPITAL O			m Hammidal	C. CITY	OR TOWN (If ou	tside city limits, write	RURAL ond give	township)
7	Veterans Admi		n Hospital	Ba	altimore		4-6	3
/	3900 Loch Rav			D. STRE	T ADDRESS (If	rurol, give location)		
,	Baltimore, Ma	ryland 21	218	2	21 N. Fremo	nt Ave		
. SEX	6. RACE	7. MARRIED, NE	VER MARRIED		OF BIRTH	9. AGE (In years	If Under 1 Yr.	. If Under 24
Male	Negro	Marr			24/95	71	Months Doys	Hours Mi
	CUPATION (Give kind of work of working life, even if retired)	108. KIND OF BL	ISINESS OR INDUSTRY	111. BIRTH	IPLACE (State or fore	ign country)	12. CITIZEN C	OUNTRY?
				Vi-	rginia			States
Tailo 3. FATHER'S N	AME				HER'S MAIDEN NA	A A F	0112001	20000
	Malone			Be	etty			
5. Was Deceas les, no or unkno Yes	ed Ever in U. S. Armed Formun) (If yes, give wor or dote 6/22/18-7/9/	s of service)	security NO. 1605–12–24–9			Md. 21218	Record	RESS
18.	0/22/10-1/7/	13 17		-		114 2.2.0		
10	7/		CAUSE	OF DEATH				T AND DEATH
DISE	ASE OR CONDITION DIR	ECTLY	(1.4.72)	ANCHE	On min DV	Manna	P 36	11
(This door	not meen the made of	dutes -	DUE TO	J. NOMA	OF THE PA	NUREAS	5 Mc	onths
	e, asthenia, etc. II means		DOE TO					
injury or c	amplication which caused	deoth,)						
	ANTECEDENT CAUSES		(B)					00+00-++++++++++++++++++++++++++++++++
DISEASES	OR CONDITIONS, if	ony, giving	561.0					
	the above cause (A)	stoling the	(C)					
UNDERLYI	NG CONDITION last.							
~	II							
OTHER SIG	DEATH BUT NOT RELA	ONTRIBUTING						
DISEASE O	R CONDITION CAUSING I							
19A. DATE	OF OPERATION 198. CON	DITION FOR WHI	CH OPERATION	20 A.	AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CON	SIDERED
2)	1173 1261	ORIVIED			Yes	Yes	OSES OF DEATH	17
OR CONTR	DENT WAS UNDERLYING   IBUTING   CAUSE OF tify medical examined		ACE OF INJURY (e.g., form, foctory, street, o		21C. WHERE DID		e City, give exo	ct locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, IN	JURY OCCURRED		21F. HOW DID INJ	LIBY OCCUP?		
OF INJURY	trionini (Doy) (real)	While		le proj	ZII. NOW DID IN	OKI OCCOK:		
(APPROX)		Work	At Work	16				
22. L certi	fy that (1) (this haspital	) attended the	deceased from De	cember	. 8.	1966 Janua	ישע 1.	1967
	e) last saw the decease							
			11/1/		se.4and th	ot in (m¾) (our) api	nion death ac	curred on the
	and from the causes stat	ed abave. 2(1) (1	Me) (did) (did hon)	view the	body after death.			
23A. SIGNA	TURE						23B, DATE SIG	
4	red by Man	1111	M.D. Att	lending	Med. Director	Stoff Phys.	1/1/6	7
23C. PHYSIC	CIAN'S		rny	23 D. ADD		111/3, [		
NAME	(Type)			LJU. AUU	n 1 3 3			
	David N. M	arine	M.D.	Vete	erans Hospi	tal. Balto.	. Md.	
4A. BURIAL C	REMATION, 248. DATE		E of CEMETERY or CR				ity, town, or cou	inty) (Sto
REMOVAL	(apecity)	7 131	etimoro).	nate	oral 1	Belteman	ma	ullers
1000	1000	1000	7	1	/		, ,	1
DA. DATE REC	D BY HEALTH DEPT.	25B. NAME OF	LEGISTRAR DOMEST	25C.	FUNERAL DIRECTOR	or mi	Cun A	DORESS
	JAN 4 196/	UNG DO &	S. Course in a	10	Lechres	To well A	and 1.	Sact/6



	on 0024	BALTIMORE CITY HEALTH DEPARTMENT	CM 0004
11	RTH NO. 67 UUSI	CERTIFICATE OF DEATH Registered No.	67 11031
1.	NAME OF DECEASED  HEND  L	). Fritz 2. Date and Hour of Death	4:00 P. M.
3.	PLACE OF DEATH IN BALTIMORE, MARKLAND	A. STATE B. COUNTY	lution: residence before odmission)
	FULL NAME OF (If not in hospital or instilution, oddress or location) INSTITUTION		RAL and give ownship
1	3	D. STREET ADDRESS (If jurd), give location)	1230
	South BaltimoreGEN	eral Hosp. 15 Poult NEy	St.
3,	Mace White "MARRIED WIDOWE	D. DIVORCED (specify)  1 0 0 1 57  8 DATE OF BIRTH  9. AGE (In year)  1 0 1 57  8 -21-1855	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do	A USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY 11. BIRTHMACE State of Moreign country 1	12. CITIZEN OF WHAT COUNTRY?
1	FATHERS NAME	14. MOTHER'S MAIDEN NAME	
17.4	ADAM Geo FR	172 KATHERINESEI	9LP
(Y	es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO 44-6246 MISS-CAROLING E, FRI	+2 (SISTER)
	18. 4 5 I DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) Preumonia	48 hrs
	(This does not meen the mode of dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication which caused death.)		7
	ANTECEDENT CAUSES	DUE TO HYPERLENSION	, years
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.		manyyears
1000	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A)
	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN	IDINGS CONSIDERED SES OF DEATH?
140	OR CONTRIBUTING CAUSE OF  DEATH Inotify medical examiner	ne, form, foctory, street, office bldg., INJURY OCCUR?	City, give exoct locotion)
1	21D. TME   Month)   Doy)   Year)   Hour)   21 OF INJURY   W	LINJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	22. I certify that (this hospital) attended	/ -	1-3 1967.
	that (we) last saw the deceased alive an	19 67 and that in (aur) apini (1) (We) (did) (did not), view the bady after death.	an death accurred an the date
	23A SIGNATURE	The state of the s	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	M.D. Attending Med. Director Phys. 23D. ADDRESS	1/3/67
-	Davib J. Stein	HOUPR M.D. 1013 LIGHT ST 9.	1236
2	AA. BURIAL CREMATION, 248. DATE P = 24C.N	RAME OF CEMETERY OF CREMATORY 24D. LOCATION GIVE BOOK YN B.A.	stown, or county)
2	JU1/1/1 UDM 6-1967	OF REGISTRAR 250 FUNERAL DIRECTO LURTIS E. E.	VANS ADDRESS 2/12
	10 1 10 1 N 1 le g .	( 1400). 16	04x-557 0x 230



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BALTIMORE CITY HEALTH DEPARTMENT

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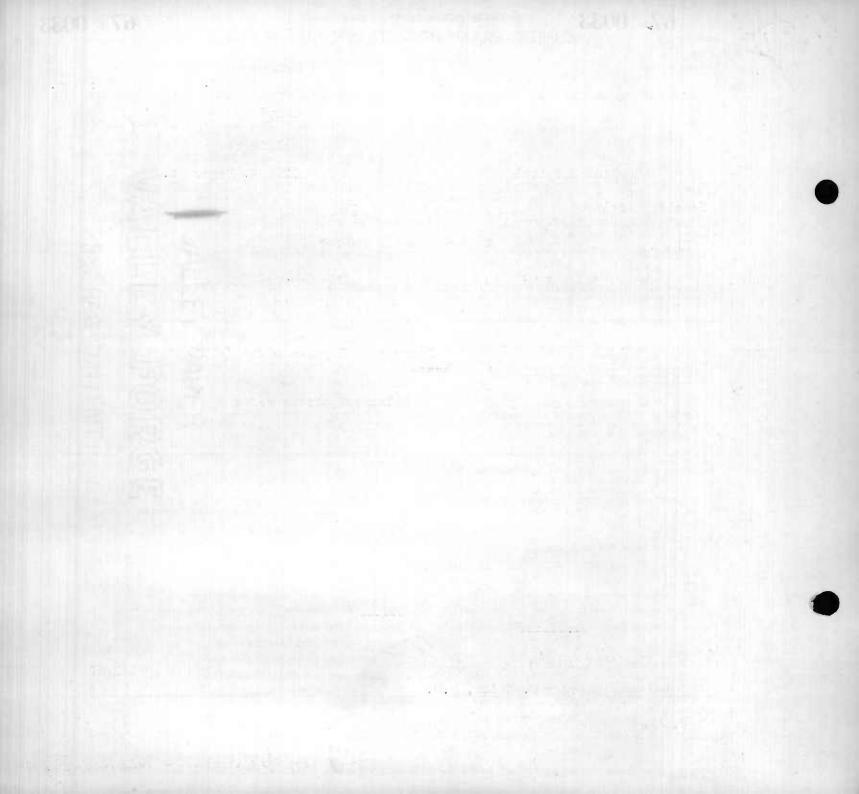
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BALTIMORE CITY HEALTH DEPARTMENT

H NO (1/4) (1/4) (1/4) MEDICAL EXAMINER'S CERTIFICATE OF DEATH Res

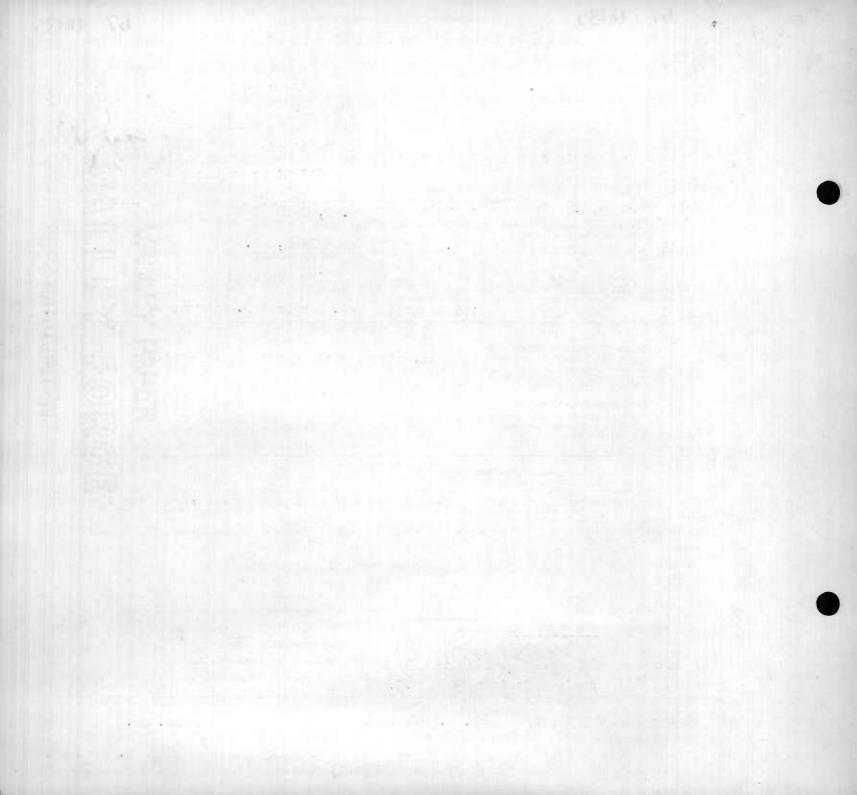
	E. CASE NO.	624	MEDI	CALE	AAMINER 3 C	EKTIFICA	IE OF	DEATH Regist	ered Na	
	NAME OF DE	CEASED					2. DATE AN	D HOUR PRONOUN	CED DEAD	
				che1	Vanbraus			1/2/67		10:26 a. M.
FU	PLACE IN BAL	(IF NOT I		L OR INSTI	TUTION, GIVE STREET	A. STATE	Mary1	B. CO	UNTY	idence before admission)
d	2						Balti		10	-01
-		Hopkins	Hoeni	to1		D. STREET ADDE		-		
5 (	SEX	6. RACE	nospi		D, NEVER MARRIED	8. DATE OF BIRTH		E. Eager St		
	female	color		WEDOWED,	Y MALLIE O	Frot 2,1	466	9. AGE (In years last birthday)	Months 5	Print Tyr. II Under 24 Hrs. Doys Hours Min.
		UPATION (Give working life, ever			OF BUSINESS OR INDUSTR	0		n country)	12. CITIZ WHA	ZEN OF AT COUNTRY?
2	BAB				None	DALTO		ldl	4.5	. A.
٥,	FATHER'S NAM	1	11.	. 1		14. MOTHER'S' M.	AIDEN NAM	E		
Ė	WAS DECEASE	Jillie	VA		13	DAY	BATA	Lee		
		Of EVER IN U.			16. SOCIAL SECURITY NO.	17. INFORMANT	, ,	/	ADDRES	S
		NO				Willie	. VAN	brava	SA	MC
Т	18. 3 2	5 X .			CAUSE	OF DEATH	1771			INTERVAL BETWEEN
	DISEA	SE OR CONE	ITION DIR	ECTLY				. (		ONSET AND DEATH
		LEADING T	O DEATH			titial pne	umonit:	is (SDII)		
	(This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
		ANTECEDENT CAUSES Bilateral otitis media								
	DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								***************************************
		E ABOVE CAL		ATING THE						
Z					(C)				*************	
ERTIFICATION	TO THE	II NIFICANT COI DEATH BUT R CONDITION	NOT REL	ATED TO						
CERT				DITION FOR	WHICH OPERATION	yes	? (Yes or No)	20B. IF YES, WERE F	INDINGS C	ON SIDERED
<b>ICAL</b>	UNDERLYING	OR CONTRIB-		21 B.	PLACE OF INJURY (e.g., ne, form, foctory, street,	in or about 21 C. W office bldg., INJURY	HERE DID	(If in Baltimare City, g	ive exoct le	ocotion)
MED										
_	OF INJURY	(Month) (D	ay) (Year)	(Hour)	21 E. INJURY OCCURRED		DENI DED WO	JRY OCCUR?		
	(APPROX.)			m.	WHILE AT NOT	WHILE				
	22.	tify that I he	ld an In	aulry 🗌	Inspection Aut	apsy X and	l that an thi	s basis, death in	my aninia	In .
		ted fram: N			Accident Suicid					
	10301	red Irdin.	210101 000	363	Accident		EDICAL EX	Indetermined mann	er	
	ACTUA		Beel	21	5-1/					DATE SIGNED
	SIGNAT		INVO	In	GN ( M.D.	ASSISTANT ME			1/	3/67
	EXAMIN NAME (		ornor	U. Spi	+k M D	ASSOCIATE M	EDICAL EX	CAMINER	1/	3/07
	BURIAL CRE	MATION, 23B	DATE		3C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City	, town, or	county) (Stote)
KEA	AOVAL (Specil	1 1	5-1	7	MT. A.I	. C.	1	B. 1t.		Soud.
244	DATE REC'D	BY HEALTH D	DEPT.	248. NAME	OF REGISTRAR		AL DIRECTOR	2400		ADDRESS
		JAN4	1967	1200	C. F. B. un	Colo	A CONTROLLOR	2/1/16	,	P to 1
75	151-PEV 1/1/	45	1001	AND AND	OFC! Acorditaina	THE WAY	9700	volor	1000	10 Andley 15

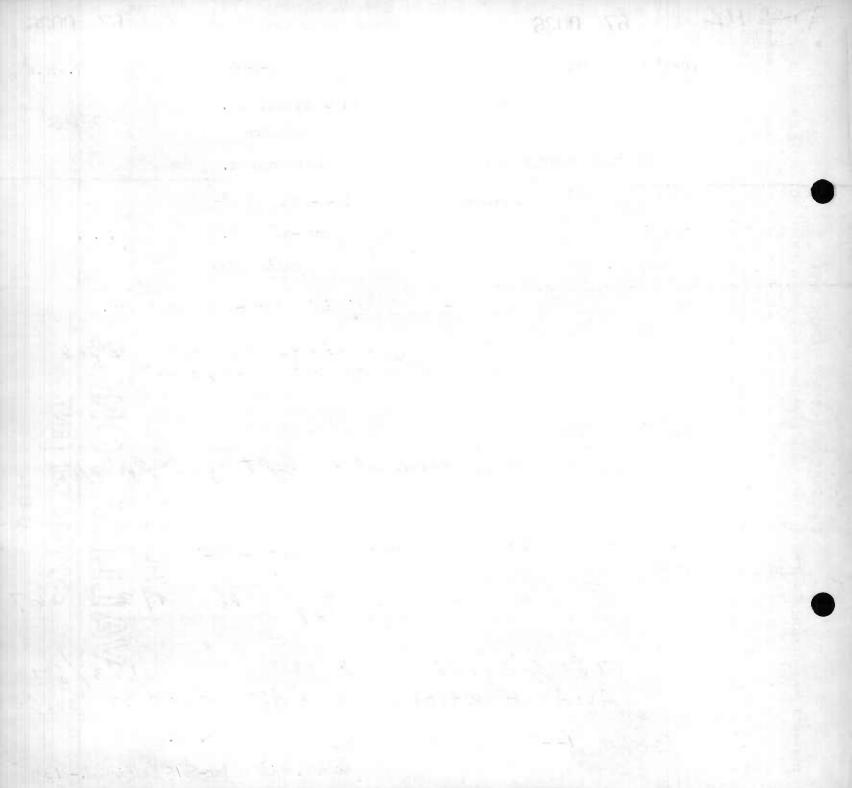


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## BIRTH NO. BIRTH NO. BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

_	E CASE NO.									
	Pe or Print)						D HOUR PRONOUNC	ED DEAD		
3 1		AROLD TIMORE MARYLAND, W	V .	AMBROSE	January 1, 1967   9:05 A M.					
5. 1	EACT III DAT	MARIEAND, W	TIERE PROMOC	MCLD DLAD	A. STATE	vland	B. COL		delice belole o	G1111 S S10 11)
	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TON, GIVE STREET		2	e corporote limits, write	RURAL	nd give townsh	nip)
INS	TITUTION				Ral	timore		2	4-16	/
2	S	outh Baltimor	e Gener	al Hospital	D. STREET ADD		give location)	-	1 1	
9					161	5 Light	Street			
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Ή	9. AGE (In years lost birthdoy)		TYr. II Unde	
	Male	White		ried	Dec. 9,	1910	56	TVIOTINI'S	Doy's   Hours	1
				BUSINESS OR INDUSTRY				12. CITIZ	EN OF	1
don	Machini	working lite, even if retired)	Glas	s Co.	Cumberl	and, Md	•		S A	
13.	FATHER'S NAM	A E		1000-0	14. MOTHER'S N	AIDEN NAM		_10	UA	9.7
	Н	arry Ambrose			Oliv	re Unkm	own			
		O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	S	-
	es # 2			217 10 4132	Mrs. Ma	rgaret	G. Ambrose	1615	Light S	st.
	1B.	2011		CAUSE	OF DEATH				INTERVAL BE	
	DISEA	SE OR CONDITION DI	RECTLY						ONSET AND	DEATH
		LEADING TO DEATH			sclerotic	Cardio	vascular Di	sease		
	heart foilure	not meon the mode of , osthenio, etc. It meons mplication which caused	the disease,	DUE TO						
									10%	
		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
	RISE TO TH	E ABOVE CAUSE (A) S'	TATING THE	DUE TO					SE	
Z	ONDERLIN	TO CONDITION LAST.		(C)	00 00 040 0m0 m40a maa a w0a ah aa a			00 00 00 00 00 00 00 00 00 00 00 00 0		
CERTIFICATION		11								
0		NIFICANT CONDITIONS DEATH BUT NOT RE							C-100	
H	DISEASE O	R CONDITION CAUSING	3 IT.	***************************************	Look Allzone				0110101010	
B	DATE OF	WAS PER		WHICH OPERATION			IN CERTIFYING CAUS			
A-		L CAUSE WAS	218, 1	PLACE OF INJURY (e.g.,	No No obout 21C. N	WHERE DID	II in Boltimore City, gi	ve exoct le	acation)	
EDIC		OR CONTRIB-	home,	form, fectory, street, o	ffice bldg., INJUR	Y OCCUR?	, g			
ME	21D TIME		r) (Hour) [2'	E. INJURY OCCURRED	215 4	OW DID INJU	IDV OCCIUR?			
	OF INJURY	(Month) (Doy) (Yeo			WHILE -	OW DID 11430	oki occok:			
	22.		m. W	ORK AT W	ORK					
		tify that I held an I	nquiry 🗌	Inspection X Aut	opsy 🗌 an	d that on thi	s bosis, deoth in n	ny opinlo	n	
	resu	ted from: Notural co	uses X A	ccident Suicide	e Homic	ide 🗌 👢	Indetermined mann	er 🗌		
		1//1	^	A ()		EDICAL EX			DATE SIG	ENED
	SIGNAT		Med	Carly SM.D.	ASSISTANT M	EDICAL EX	AMINER X		DATE SIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	EXAMIN NAME (	IER'S Pudicor	Breite	necker, M.D.	ASSOCIATE N				1/2/67	7
	BURIAL CRE		230	C. NAME of CEMETERY .	CREMATORY	23 D. L	OCATION (City,	, town, or	county) (	Stote)
KLI	Burial	1 5 19	67	U. S. Nation	al		Balto	. Md.		
24/		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR			ADDRESS	
		JAN4 1967 (	DP P	S. Fr. Ongla	Mc	Cully		130 E.	Fort A	ve
		1301 (	الله بوليا	de case strad	000	1				





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**DIRECTOR:** 

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

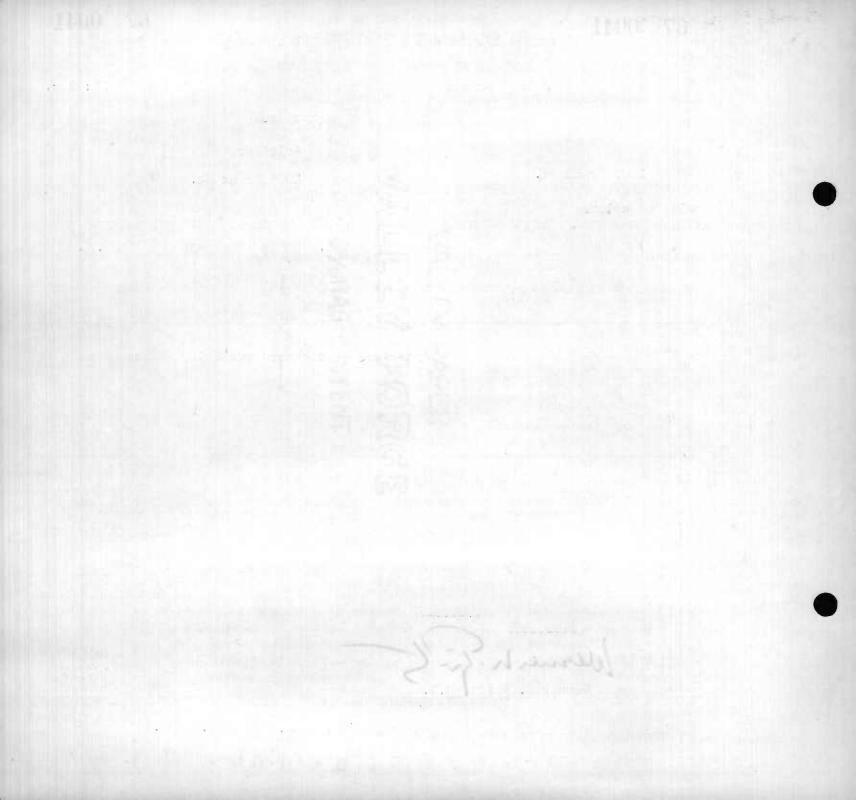
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RTH NO.	0041 MFF	DICAL EXAMINER'S	CERTIFICATE OF DEATH Registered N	Na			
IL CASE NO.							
NAME OF D	DECEASED		2. DATE AND HOUR PRONOUNCED D				
/pe or rinii		John Dennis	1/2/67	12:43 p. M.			
PLACE IN BA	ALTIMORE MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi A. STATE B. COUNTY				
JLL NAME O	F (IE NOT IN HOSPI	TALL OR INICTITITION CIVE STREET	Maryland				
STITUTION	ADDRESS OR LOC	ITAL OR INSTITUTION, GIVE STREET CATION)	C. CITY OR TOWN (If outside corporate limits, write RUR	AL ond give township)			
3111011014			Baltimore	1-05			
	0000 -		D. STREET ADDRESS (If rurol, give location)	Street,			
	2009 Brunt S	t.	2009 Brunt St.				
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	. It and bright double to the	Under 1 Yr. If Under 24 Hrs			
male	colored	Married	12-8-89				
USUAL OC	CUPATION (Give kind of we	ork TOB. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF			
e during most	of working life, even if retired	)	Md.	U.S.A.			
FATHER'S NA	AME		14. MOTHER'S MAIDEN NAME	0 1 10 1 10 1			
	Alex Denn	is	Elizabeth Norris				
WAS DECEA	SED EVER IN U.S. ARMI	ED FORCES? 16. SOCIAL		DRESS			
	wn) (If yes, give wor or do			D . C.			
			Lilly Mae Dennis 2009	Brunt Street			
OTHER S TO TH	II SIGNIFICANT CONDITION E DEATH BUT NOT I OR CONDITION CAUSI	RELATED TO THE					
D1027132	OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN	GS CONSIDERED			
19A. DATE	11.43	EKFOKMED	no IN CERTIFYING CAUSES C	OF DEATH?			
21 A. EXTERI UNDERLYIN UTING C	NAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH.	21B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)	g., in or obout 21C. WHERE DID (If in Boltimore City, give exposition of the bidg., INJURY OCCUR?	OF DEATH?			
21 A. EXTERI	NAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH.	21 B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)  eor) (Hour) 21 E. INJURY OCCURRED NO	g., in or obout 21C. WHERE DID (If in Boltimore City, give exposition of the bidg., INJURY OCCUR?	OF DEATH?			
21 A. EXTERIUNDERLYIN UTING C	NAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Yo	21 B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)  eor) (Hour) 21 E. INJURY OCCURRED MHILE AT NO WORK AT	g., in or obout 21C. WHERE DID (If in Boltimore City, give ex office bldg., INJURY OCCUR?	OF DEATH?			
21A, EXTERIUNDERLYIN UNDERLYIN UTING C 21D TIME OF INJURY (APPROX.)  22. I c	NAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (You	21B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)  eor) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WORK NOT Suice Su	no g, in or obout 21C. WHERE DID (If in Boltimore City, give exposed bldg., INJURY OCCUR?  D 21F. HOW DID INJURY OCCUR?  Autapsy and that an this basis, death in my applicate Undetermined manner CHIEF MEDICAL EXAMINER  CHIEF MEDICAL EXAMINER	DE DEATH?  (cot location)  Dinian  DATE SIGNED			
21 A. EXTERIUNDERLYIN UNDERLYIN UNDERLYIN UNDERLYIN OF INJURY (APPROX.)  22. I c rea	NAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (You sertify that I held an sulted from: Natural a  JAL ATURE AINER'S E (Type) Werne	21B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)  eor) (Hour) 21E. INJURY OCCURREE  WHILE AT NO AT Inquiry Inspection X A  Causes X Accident Suici	no p. in or obout 21C, WHERE DID (If in Boltimore City, give expected by the bldg., INJURY OCCUR?  D 21F. HOW DID INJURY OCCUR?  Autapsy and that an this basis, death in my applicate Homicide Undetermined manner CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DE DEATH?  ROCT locotion)  DINIAN  DATE SIGNED  1/3/67			
21 A. EXTERI UNDERLYIN UTING C. 21D TIME OF INJURY (APPROX.)  22. I c FOR	NAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Your control of the c	21B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)  eor) (Hour) 21E. INJURY OCCURRED WHILE AT NO AT NO AT Suice Service Suice M.	no p. in or obout 21C, WHERE DID (If in Boltimore City, give expected by the bldg., INJURY OCCUR?  D 21F. HOW DID INJURY OCCUR?  Autapsy and that an this basis, death in my applicate Homicide Undetermined manner CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DE DEATH?  (oct locotion)  Dinian  DATE SIGNED			
21 A. EXTERIUND ENLYIN UTING C 21D TIME OF INJURY (APPROX.)  22. I c  FOR C  ACTU SIGNA EXAM NAME A. BURIAL C MOVAL (Spe	MAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (You  certify that I held an sulted from: Natural of  JAL ATURE ATURE ATURE (Type) Werne  CREMATION, 23B. DATE selfy)	21B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)  eor) (Hour) 21E. INJURY OCCURREE  WHILE AT NO AT Inquiry Inspection X A  Causes X Accident Suici	TO  g., in or obout 21C, WHERE DID (If in Boltimore City, give expected by the bldg., INJURY OCCUR?)  D  21F. HOW DID INJURY OCCUR?  Autapsy and that an this basis, death in my applicate Undetermined manner CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  Y or CREMATORY  23D. LOCATION (City, town)	DATE SIGNED 1/3/67			

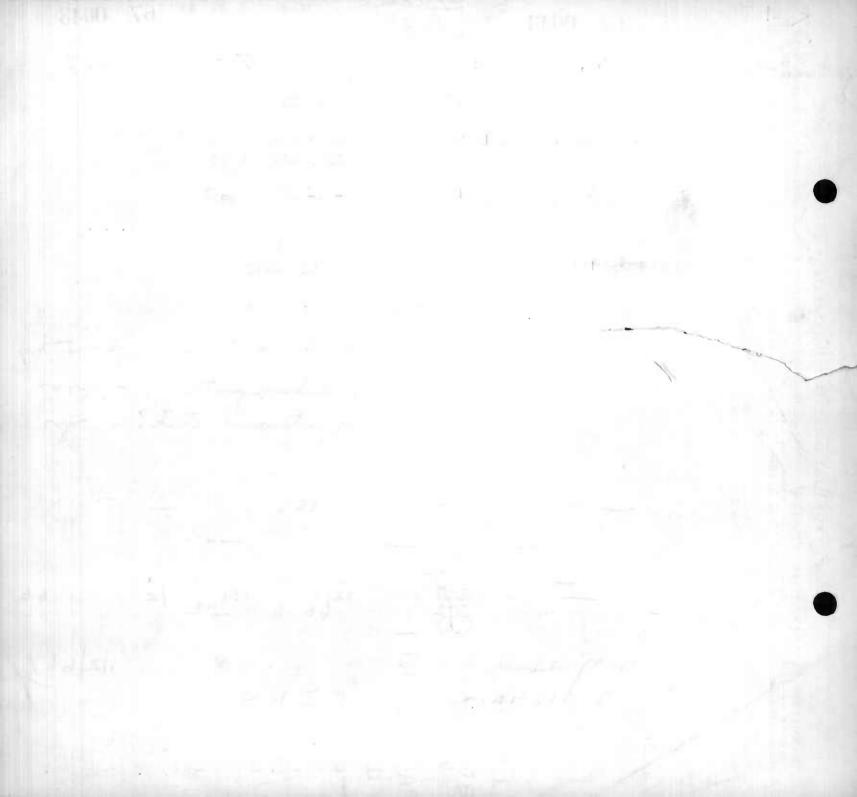


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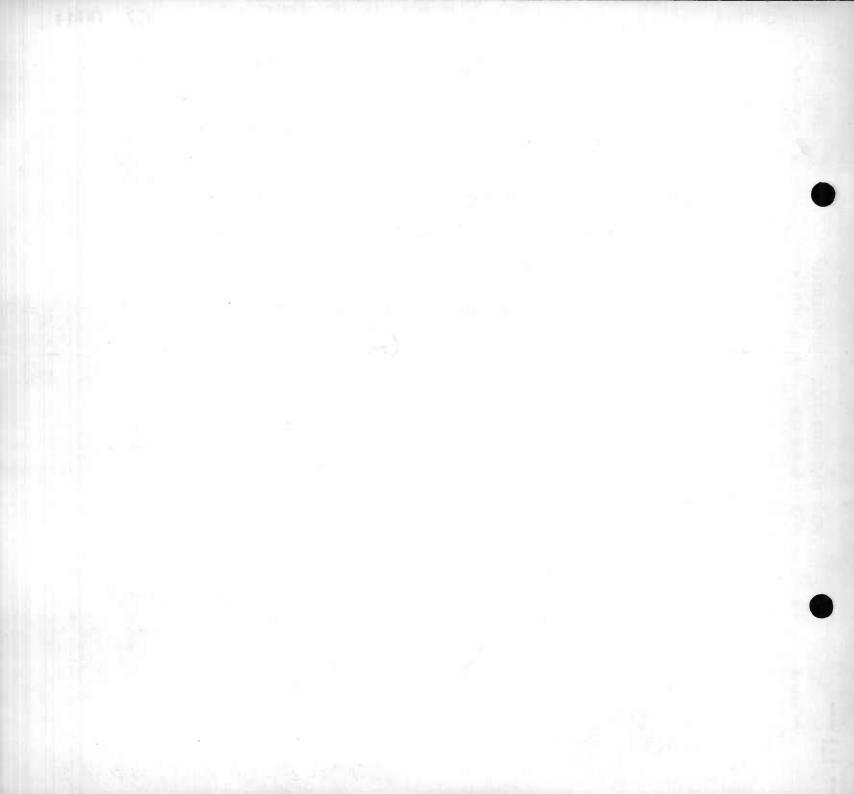
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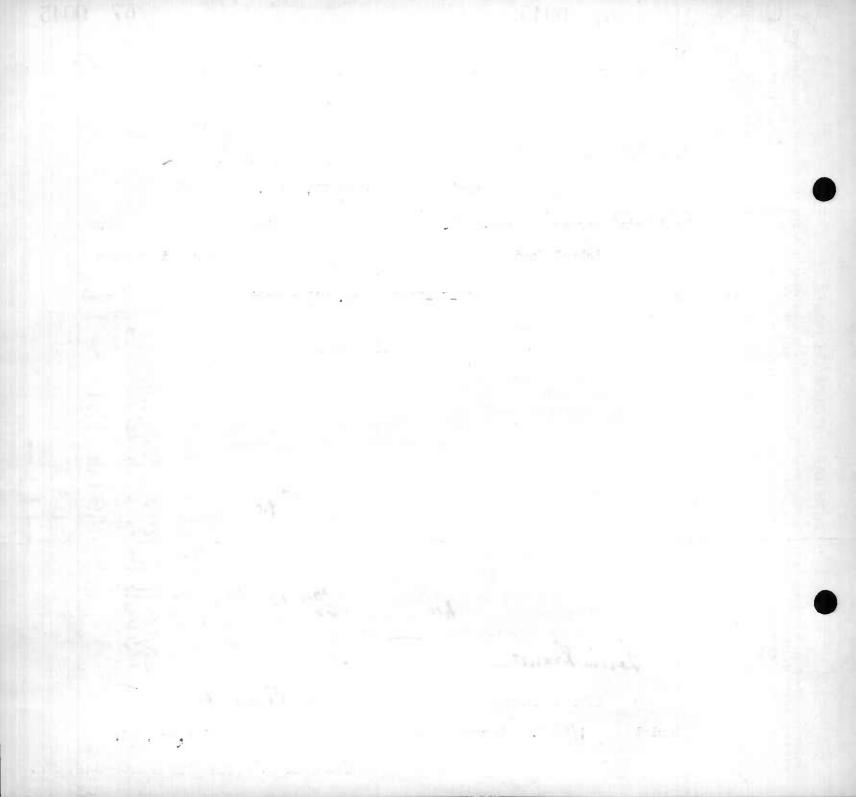
VS 150-REV. 1/1/65

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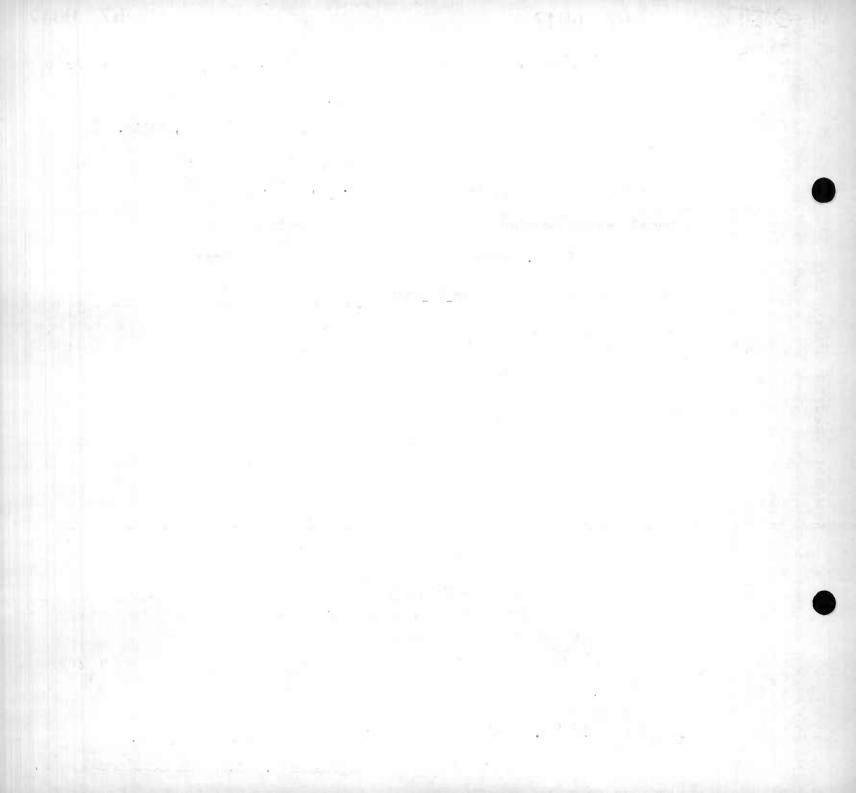




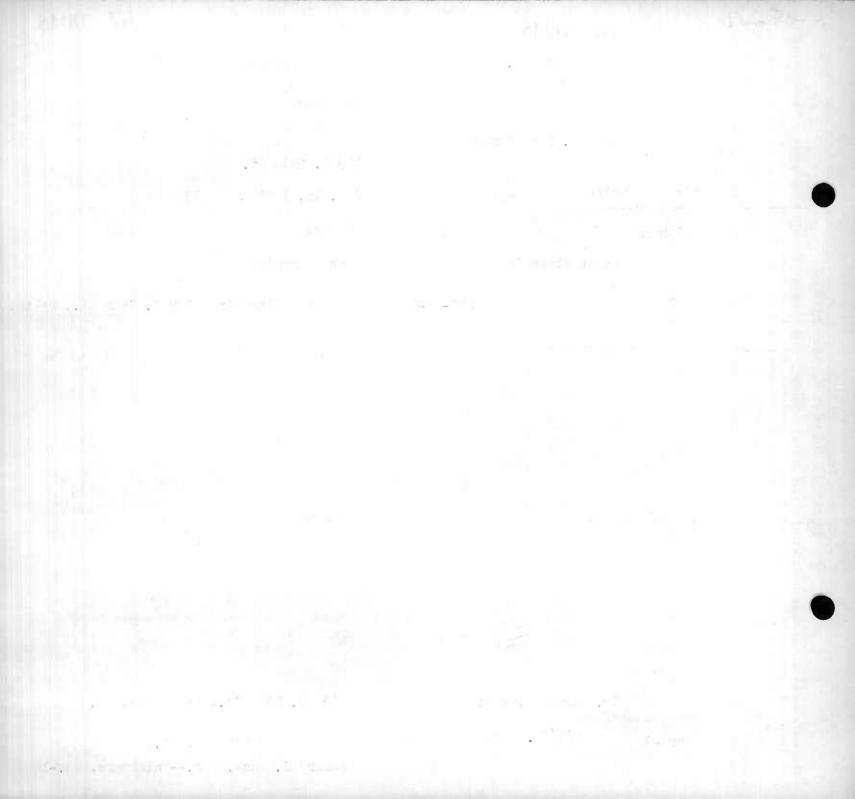
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DETO PRIME FORMULATION NRS DOKUTHY BARBAGALLU CHURCH HOME + HOSPITAL bM BALTIMORE BALTIMORE, MERYLAND, 3123) 7615 CARSON AVE 4-18-20 46 8 15 MAGLILED MARYLAND U.S.A. HOUSEWIFE MARLY JOHN DORZEY Husered OÙ GENERALIZED CHOCHUTCH PRINTER CHE CLAND & AMORE CLAND PLEURIL EFFICION 79994 -A 4 SHOW 1-3 01-6 66 1-3 1-3-67 per of being 100.

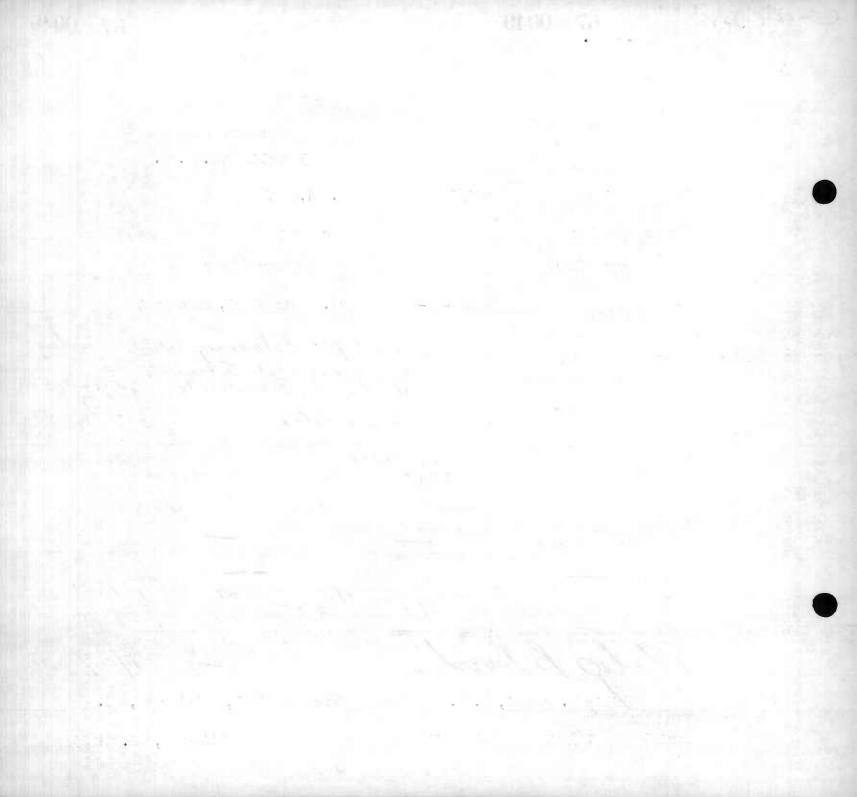
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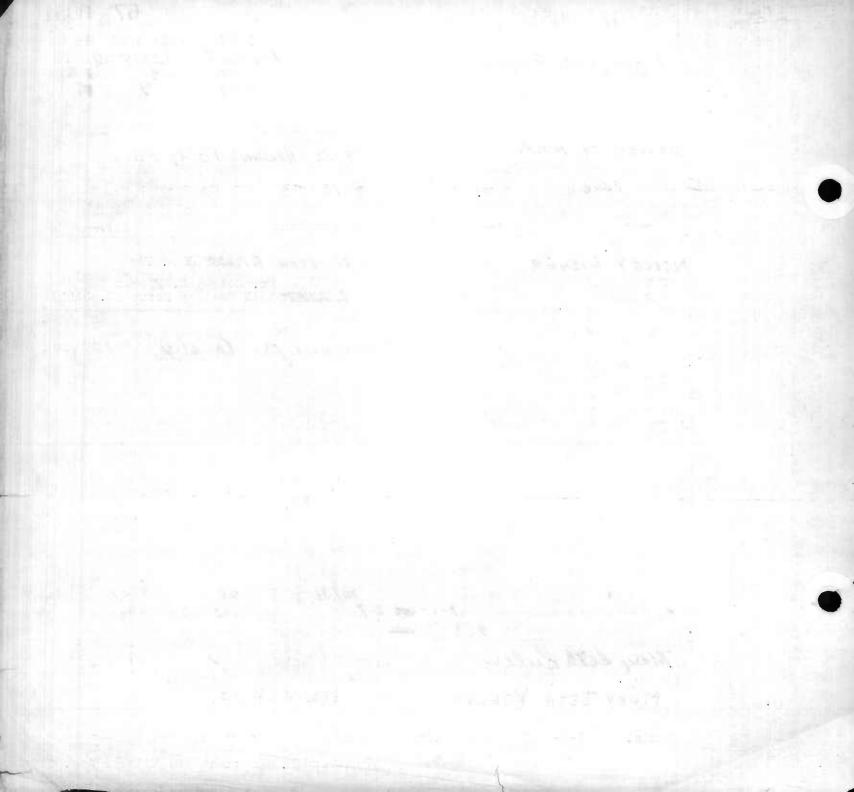


		0144		BALTIMORE CITY	HEALTH DEPARTMENT	\/			
	H NO.	67 0	1049	CERTIFICA	TE OF DEATH	Registered No.	67 0049		
1. N	AME OF DEC	William	~ 5. (	Clark	2. DATE	AND HOUR OF DEATH	11:15 P		
3. F	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (V	Where Deceased lived. If in	stitution; residence before admission		
1	FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospital oddress or location  Mercy Hosp	n)	give street	Maryland	AA outside city limits, write f	RURAL and give tawnship)		
September 8	7				D. STREET ADDRESS	(If rurol, give location)			
1					3 Ame	lia Ave. N. E			
5. S		White	WIDOWED	NEVER MARRIED  DO DIVORCED (specify)  Tied	B. DATE OF BIRTH  Dec. 31, 1897  11. BIRTHPLACE (Stote or	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
		JPATION (Give kind of work warking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE State or	fareign country)	12. CITIZEN OF WHAT COUNTRY?		
		Operator	100		Kentucky		USA		
3. 1	FATHER'S NAM				14. MOTHER'S MAIDEN	NAME			
		Henry Clark			Mar	y Lambert			
5. \	Was Deceased	Ever in U. S. Armed Far	rces?	1 6. SOCIAL	17. INFORMANT	<i>y</i>	ADDRESS		
e S	**	was, give wor or dote	es of service)	SECURITY NO.	Mag. Dand	Claule	- 1		
	No	2 4		278-05-6870 CAUSE OF		Clark, same a	S 4 INTERVAL BETWEEN		
	7-10	E OR CONDITION DI	RECTLY			1	ONICET AND DEATH		
		LEADING TO DEATH		in Mu	Itiple Pui	monary Int	Earts 3 days		
		al mean the made of asthenia, etc. It means		DUE TO	- 1	+ 0%			
		plication which caused		Prap	vitiple Pulmonary Intents 3 day: pasating clot- Diemoral, acvein, Brentricle 3 days - I wee				
н	A	ANTECEDENT CAUSES		(B) 1/1 CL	evein, w	VENTRICIE	70071 - 10000		
Н	DISEASES O	R CONDITIONS, if	any, giving				13 day 5		
		G CONDITION last.	slating the	(C) De	dridden		1301093		
					+				
ATION	TO THE DI	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	ATED TO TH	Severe	Pulmonar	y Emphyse	na		
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER			20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED		
C	OR CONTRIBU	TING CAUSE OF medical examined		e, form, factory, street, of	or about 21C. WHERE DID	? (If in Baltimore	City, give exact location)		
EDI	21D. TIME	(Manth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
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		1 0	ted obove,	) (Ma) (qiq (qiq vot) v	iew the bady after dear	th.			
	23A. SIGNATU	AE /	2 11				23B, DATE SIGNED		
	1/h	elle L	DU	Cola M.D. Atte	nding Med. Director	Stoff Phys.	1/2/6/		
	23C. PHYSICIA NAME (T)	N'S (pe)		1	23D. ADDRESS				
			roski, M	. D. M.D.	Mercy Hosp	ital, Baltimo	re . Mi.		
24 A	BURIAL CREA	MATION, 24B. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D		ly, town, or caunty) (State)		
	Burial	1/5/67	Co	dar Hill Ceme	CONTE	Baltimone	MA 21225		
25A		BY HEALTH DEPT.	25B. NAME C		25C. FUNERAL DIRECT	Baltimore	Md. 21225 ADDRESS		
		HN 4 1967 (	191.	J. L. Man	Sex of	Desal 9	enno-		
/S	150-REV. 1/1/6	55	The second	The second of the second	J. J. J.	1			
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200	000	^	BALTIMORE CITY	HEALTH DEPARTMENT	1	C) Miles	
WITH NO.	67 005	U	CERTIFICA	TE OF DEATH	Registered Na	67	0050
M.E. CASE NO.	CEASED			2 DATE	AND HOUR OF DEATH		
Type or Print)	Kenneth	11)0	++5		Mary 3, 196-	110	1 201.
B. PLACE OF D	EATH IN BALTIMORE, MA		-113	4. USUAL RESIDENCE (W	here deceased lived, If in		: 30 A A
				A. STATE B. CO	UNTY	11/1	
FULL NAME		or institution	, give street	MD		44	
INSTITUTION	k oddiess of locollo	17		C. CITY OR TOWN (IF	outside city limits, write l	RURAL ond give to	wnship)
7	. /	, ,	,	Baltimoz	(If ruro), give tocotion)	0 %	00
M	EREY Hos	spita	/	4 - 4	Contact of the Contac		
				606 Surfsid			
. SEX	6. RACE	7. MARRIE	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	ff Under 1 Yr. Months Doys	If Under 24 Hrs Hours   Min.
MI	CC	Ma	nniel	8/1/15	51		
		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	NTDY2
A	of working life, even if retired)			Md		WHAT COU	
Steelwo				14. MOTHER'S MAIDEN N	IAMF		
or contract of the				THE PROPERTY OF THE PARTY OF TH	LOW B		
	Howell Wa			Lillian 7	avman		
es, no or unknow	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	\$5
Yes	W W 11		JEGORIII IIO,	Fam 43		Carra	
18. // /)	N N II		CAUSE O	FORATH		Same	L BETWEEN
700	ASE OF CONDITION DE	ECTIV	5556				AND DEATH
DISE	ASE OR CONDITION DIE LEADING TO DEATH	ECILY	0-	it Mussani	0 Q P A	Ha	
(This does	not mean the mode of	dying, e.d	DUE TO	ute Myscardes	e organian	Na	
heart failure	e, osthenio, etc. II means	the diseos					
inforty of Co		Gediti./	(B)				
	ANTECEDENT CAUSES		DUE TO	and finishina a can a 477 7 a 28 th a d 7 a a a a a a a 7 a a a a a a a a a	******************************		
	OR CONDITIONS, if the above couse (A)		9 0 -7	enoscarte	Non-+ Di-	1/-	
	NG CONDITION lost.	aruning in	(C)	morecone	1 Total	ny you	3
	1						
O OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTI	NG				
≥ TO THE	DEATH BUT NOT RELA	TED TO T	HE				
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE F	INDINGS CONSID	ERED
19A. DATE C	WAS PER	FORMED		Yes	IN CERTIFYING CAL	USES OF DEATH?	
U 21A. ACCID	ENT WAS UNDERLYING	2	B. PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Boltimore	City, give exact	locotion)
, OR CONTRI	BUTING CAUSE OF ify medical examiner	ho	ome, form, foctory, street, o	fice bidg., INJURY OCCUR?			
21D. TIME				0) 5			
OF INJURY	(Month) (Doy) (Year)		E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?		
(APPROX.)			Vhile At Not While At Work	e			
22. I cartil	fy that (1) (this hospital	Dattended	the deceased fram	Quanuary D	1967 in On	71/1A1 - 7	10 67
0			0 - (	/	- (/	()	
	e) last saw the decease		//		that in (my) (our) api	nian death accu	rred an the d
		ed obave.	(I) (We) (did) (did not) v	iew the bady after deat	h.		
23A. SIGNAT	TURE		20			238, DATE SIGNE	D
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23C. PHYSIC	IKN'S	11		23 D. ADDRESS		//	-/-/
NAME	To 6 to Car	40	(A. C. M.D.		-		
4A. BURIAL CI	JOHN GAR	4 0	reen	TAATONY 19.50	LOCATION		
REMOVAL	(Specify)	240.1	NAME of CEMETERY or CRI	EMAIURT 24D	LOCATION (Ci	ty, town, or county	
Buria	1 1/6/67	G	len Haven		Glen Burnie	AA Co	Md
SA. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADD	RESS
	IANA 1067 (	10 %	D STANKE	McCully R H	237 Patapsco	Ave 21.22	25
/S 150-REV. 1/1	1/65		4, 400	The Country At 1.	~>/ Lavapace	, 1.40 KML KK	
	17.00						

VS 150-REV. 1/1/65

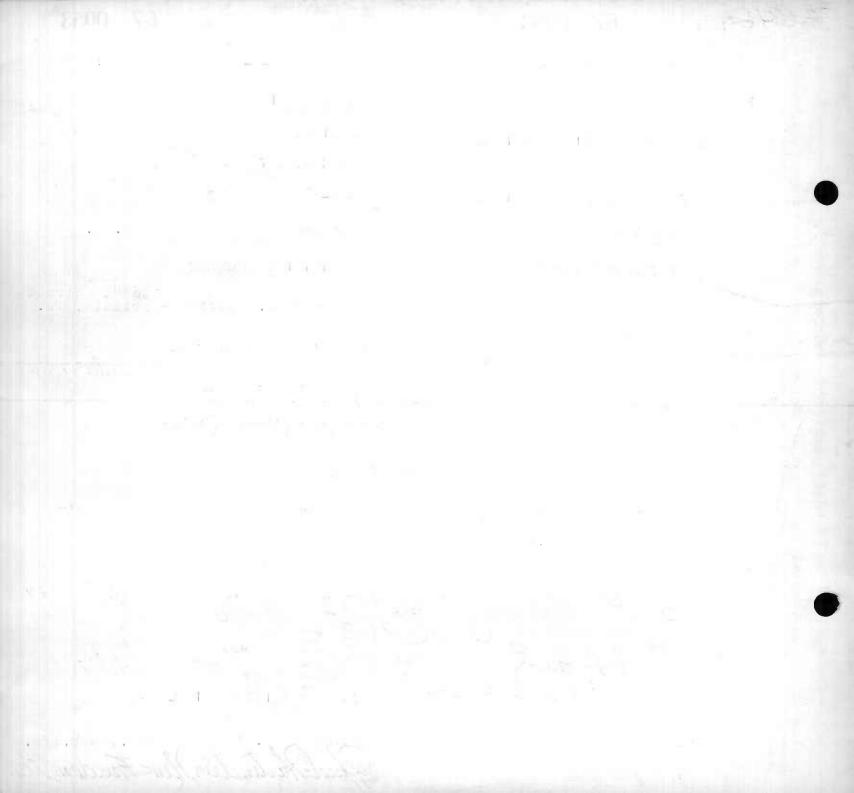


VS 150-REV. 1/1/65

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	014 00		BALTIMORE CITY	HEALTH DEPARTA		00 00=0	
BIRTH NO.	67 00	53	CERTIFICA	TE OF DEA	TH Registered N	la. b/ UU53	
M.E. CASE NO.	CEASED			12. 1	DATE AND HOUR OF DEA	TH	
Type or Print)		15			1-1-67	5:00AM	
B. PLACE OF DE	AS, KVANGELIN EATH IN BALTIMORE, M	ARYLAND			CE (Where deceased lived.	If institution: residence before admission	
				A. STATE	B. COUNTY		
FULL NAME		l or institution, gr	ve street	PENNSYLVA			
HOSPITAL OR	oddress or locoti	on)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
>				CARLISLE		7-33	
THE JOH	INS HOPKINS	HOSPITAL		D. STREET ADDRES	(If rurol, give location)		
				136 C STE	REFT		
. SEX	6. RACE	7. MARRIED, I	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
			DIVORCED (specify)	1-20-94	lost birthdo i	Withins Doys Hours	
OA. USUAL OCC	UPATION (Give kind of wo	rk 10B, KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF	
	working life, even il retired					WHAT COUNTRY?	
Housev				Greece		U. S.	
3. FATHER'S NA	ME			14. MOTHER'S MAI	DEN NAME		
THE	NAME DATES	VAC		VASILIV	KARAGEORGE		
5. Was Decage	DORE PATERE	NAS	1 6. SOCIAL	17. INFORMANT	MANAGEONGE	ADDRESS	
Yes, no or unknow	n) (If yes, give wor or do	tes of service)	SECURITY NO.			136 "C" Street	
No				Nicholas	J. Fourlas		
18.	4. X I	•	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION D	IRECTLY					
	LEADING TO DEATH	1	(A) M	I CVA	wound infection		
	nol mean the mode of		DUE TO			( 1 - 11)	
	, asthenia, etc. II meon mplication which cause				io/28/66 -> 1/1/6		
	ANTECEDENT CAUSE		(B) 5	urgical enter	vention for		
DISEASES							
	OR CONDITIONS, if he above cause (A		ici ini	varive sanillar	adenoca of nato	~	
	IG CONDITION last.		(0)	1	0		
	11						
OTHER SIGN	VIFICANT CONDITIONS		2.11	11 11.1			
	DEATH BUT NOT REI		Diabetes 1	Mellitus			
19A. DATE O	F OPERATION 198. CO	NDITION FOR W	HICH OPERATION		fes or No) 20B, IF YES, WE	RE FINDINGS CONSIDERED	
19A. DATE O	128/66 WAS PE	repormed	1 rection	No		CAUSES OF DEATH?	
	ENT WAS UNDERLYING	218/	PLACE OF INJURY (e.g., i	n or obout 21C. WHER	E DID (If in Bolti	more City, give exact location)	
_ OR CONTRIB	BUTING CAUSE OF	No home	e, form, factory, street, o	ffice bldg., INJURY O	C CU R?		
U		7.0					
OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21 E.	INJURY OCCURRED		DID INJURY OCCUR?		
(APPROX.)		Whill	e At Not While				
22 1 16	1 000000			2/2	10.41	1/1 1967	
(3)			e deceased from		_		
that (1) (we	) last saw the decea	sed alive an	12/31	1966	and that in (m) (aur)	opinian death accurred an the	
and haur ar	nd fram the causes st	ated abave. (1)	(We) (did) (did nor)	view the bady after	death.		
23A. SIGNAT		0			House	23B. DATE SIGNED	
	P. Y St.	und	M.D. Att	ending Med.	Stoff A	1/1/17	
22C BUYETEL	V OC. MAG	()	Phy	23D. ADDRESS	tor Phys,	11/6/	
NAME	(Type) P. L.	9 11	110.11 +2				
	Richard	- 1	M.D.	JOHNS HO	PKKNS HOSPITA	L	
	EMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY	24D, LOCATION	(City, town, or county) (State	
REMOVAL	4. 4						
Buria			tminster C	emetery	IN. Middleto	n Twp., Cumb., Pa	
25A. DATE REC'I	D BY HEALTH DEPT	25B NAME O	F REGISTRAR	250 FUNERAL I	PRECTOR	ADDRESS /	
	130/	Unian o	- Controlled	BISNINA	Arlens / sin /	PW- FARRAGM. TI	
/S 150-REV. 1/1	/65			11			



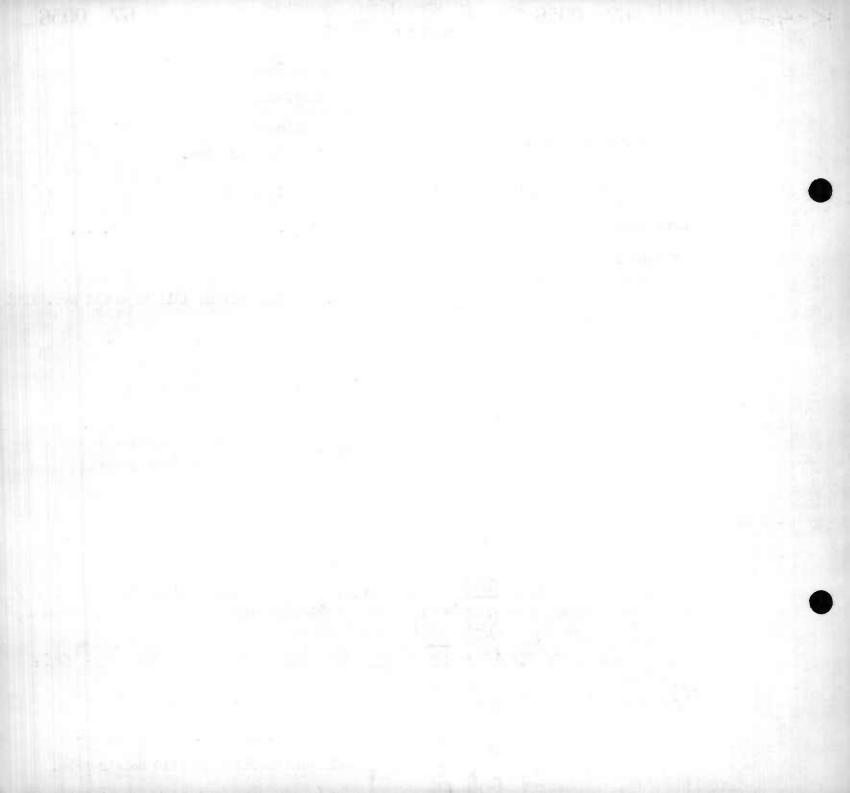
FUNERAL DIRECTOR:

Maryland Bellow Rashmen Charge were a proportie 5304 Gargandala aus 100 N BOOMEN 7/4/16 30% Frank While Moused Hargins Ph. U.S. House Tille John L Coulden Ebba Haman. to the Horandon Chamber of Chicromo of was 3100 Metalin to brown 1 = 11 - 29 Lagh K.H. Agrandosa. Charact home to be special K-M ANANDAIAH アンファン・ディン・アンティー はいかっかっ オルンス・フェンス・アンシック I. S. S. Lees Edit Z. Harden and

67 0055	BALTIMORE CITY HEALTH DEPARTMENT	2 0055
BIRTH NO. 67 0055	CERTIFICATE OF DEATH	Registered Na. 67 0055
FULL NAME OF DECEASED  (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR address or lacation)  INSTITUTION  CHURCH HOSPITAL OR  SOLUTION  5. SEX  6. RACE  7. MARRIED, N. WIDOWED,	2, DATE AN  1-2  4. USUAL RESIDENCE (When A, STATE B, COUN  C, CITY OR TOWN (If out  D, STREET ADDRESS (If  EVER MARRIED DIVORCED (specify)  B. DATE OF BIRTH  9-3-12	e deceosed lived. If institution: residence before odmission)  Thy Land Side city-limits, write RURAL and give township)  Purol, give lacotion)  Purol, give lacotion, give township)  Purol, give lacotion, give
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even it retired)  Reliable Deallate	USINESS OR INDUSTRY II. BIRTHPLACE (State or Fores	gn contry! 12. CITIZEN OF WHAT COUNTRY?  Amelic .
(Yes, na ar unknawn) (If yes, give war or dates at service) Yes WWII  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	CAUSE OF DEATH  (A) Pulmonar  DUE TO Chromo  (B) Pheins  CAUSE OF DEATH  (A) Pulmonar  (B) Pheins  (B) Chromo  (Chromo  (B) Chromo  (Chromo  (B) Chromo  (Chromo  (Ch	ADDRESS ADDRESS APPINGER (Wife) Renilvon INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH AND PHYSICAL LICENSE
OR CONTRIBUTING CAUSE OF hame,	ACE OF INJURY (e.g., in or obout 21C. WHERE DID farm, foctory, street, office bldg., INJURY OCCUR?	(It in Baltimare City, give exoct location)
21D. TIME (Manth) (Day) (Year) IHaur) 21E. It While Wark  22. I certify that (I) (this haspital) attended the that (I) (we) last sow the deceased alive on	Al Not While At Work A	19 6 to 19 6 7, of in (my) (our) apinion death occurred an the date  Stoff Phys. 19 6 7  Home & Hospital
Burial 9-5-67  25A. DATE REC'D BY HEALTH DEPT. , 25B. NAME, OF	Druid Ridge Ba	ocation (City, town, or county) (State)  Litimore County, Md.
REMOVAL (Specify)  Burial 9-5-67  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME, OF  VS 150-REV. 1/1/65	Gitchell-Wi 6500 York	Ledefeld Home, Inc. Rd. Baltimore, Md. 21212

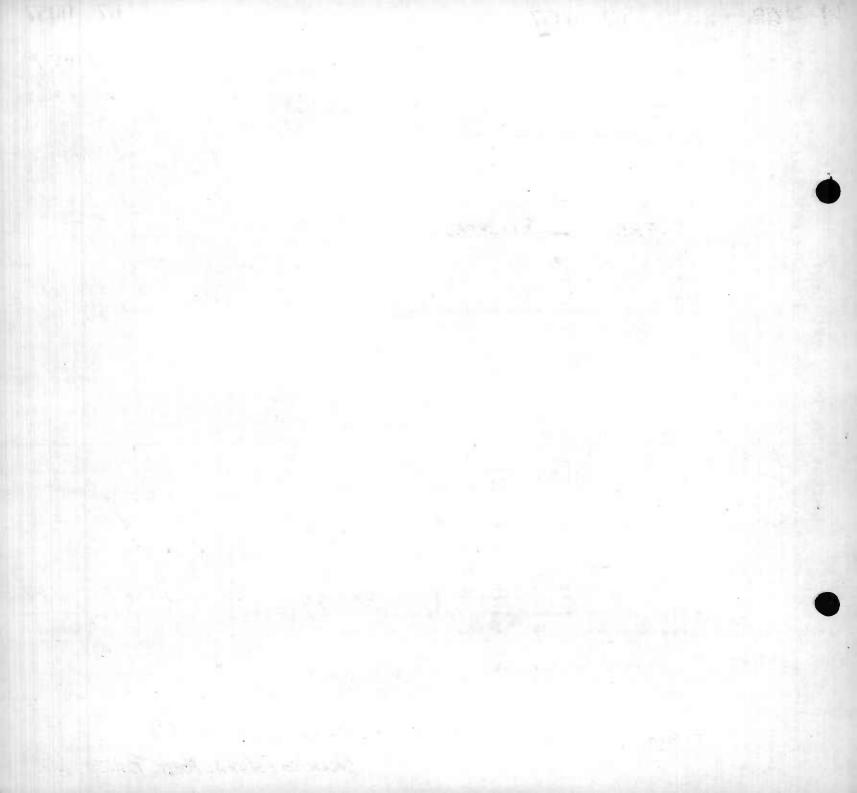
free halled church the se facility of the mind 925 Kemilierell M VC IN Edward Britalita JOHN D KNITHNEED The state of the s France Englander ... H. J. May Thereto him The our year 1 - 1 1 13 - 12 - 51 F - 1 7. Penogli-Norman Ferrifle 中国各种的 BEH 2000年,首相由于188

BIRT			1 1 1 1 6 m 6		BALTIMORE CITY				
	H NO.	67	0056	)	CERTIFICA	TE OF DEAT	H Registered No	67	0056
	AME OF DEC	EASED				12. DA	TE AND HOUR OF DEAT	Н	
	e or Print)		Carrie 1	Klug		1			
3. P	LACE OF DE					4. USUAL RESIDENC	anuary 2, 1967	institution: reside	nce before odmissi
							COUNTY		
	ULL NAME O		not in hospitol ress or locatio	or institution,	give street	Maryla			
	NSTITUTION	000	1033 01 1000110	,,,,		II H	(If outside city )imits, write	RURAL and giv	e township)
	7070	D 1				D. STREET ADDRESS	(If rurol, give location)	10-0	
	0909	Penn	urst Av	e.			opewell Ave.		
	00					1		1	4
5. \$1		6. RACE	10.5		D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doy	fr. If Under 24 H rs   Hours   Min.
	'emale	Whi	-	Widowed		April 25, 1			
	during most of			k 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN WHAT	OF COUNTRY?
30114	Seastr					Maryland.		II.	S.A.
3. F	ATHER'S NA	ME		1		14. MOTHER'S MAIDE	N NAME	3.	
	? Hoh	man				2			
£ 11	Vos Deceased		S A	?	1 6. SOCIAL	17. INFORMANT		A 50	DRESS
(Yes,	, no or unknown	(If yes, gi	ve wor or dot	es of service)	SECURITY NO.				
N	0					Mrs. Carol	yn Sullens 151	1 Hopewe	11 Ave. 21:
	18. 4. 4	3 1	1		CAUSE	F DEATH			ERVAL BETWEEN
	DISEA	SE OR CO	NDITION DI	RECTLY	( Pr	100	Man		AND DEATH
			TO DEATH		(A)	m/ venue	ver beg	2 10	you
				dying, e.g., the diseose					//
	injury or con								7/
1				uedni./		de . C	10000		-
		ANTECED	ENT CAUSES		(B)	Henerole	red Erlen	ou er	ori
			ENT CAUSES	S	(B)	General	sed Erler	ou er	oni
	DISEASES (	OR COND	ENT CAUSES DITIONS, if cause (A)		(B)	Lenerole	red Erlen	ouer	ori .
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7	DISEASES ( rise )o Ih UNDERLYIN(	OR COND e obove G CONDIT	ENT CAUSES DITIONS, if cause (A) FION los).	ony, giving s)a)ing lhe	1//			out	oni
NOI	DISEASES ( rise )o Ih UNDERLYING OTHER SIGNI TO THE D	OR CONE e obove G CONDIT	ENT CAUSES DITIONS, if cause (A) FION los).  II ON DITIONS ( OUT NOT REL	ony, giving slaling the  CONTRIBUTIN ATED TO TH	c 16.6	Genero 6		ou cr	oni .
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L CERTIFICA	OTHER SIGN: TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBE	DR CONE e obove G CONDIT  DECANT C EATH BU CONDITIO  OPERATIO  NT WAS U JTING C	ENT CAUSES DITIONS, if couse (A) FION los).  II ONDITIONS (IT NOT REL. NOT	ony, giving shaling the contribution for the contri	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, o	20A. AUTOPSY? (Ye	or No) 20B. )F YES, WER IN CERTIFYING C	D D	
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MEDICAL CERTIFICA	OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDE OR CONTRIBUTE OF INJURY (APPROX.)	DR CONE e obove G CONDIT  DECENT C EATH BL CONDITIO F OPERATIO  T WAS U JTING C medical e  (Month)	ENT CAUSES DITIONS, if cause (A) FION los).  II ONDITIONS II N CAUSING WAS PER UNDERLYING AUSE OF xominet)  (Doy) (Year)	Ony, giving shaping the CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED  (Hour) 218	WHICH OPERATION  B. PLACE OF INJURY (e.g., in the control of the c	20A. AUTOPSY? (Ye.	Or No) 20B. IF YES, WER IN CERTIFYING CO. UR?	E FINDINGS CO. AUSES OF DEA	ect location)
MEDICAL CERTIFICA	DISEASES (rise )o Ih UNDERLYING  OTHER SIGN: TO THE DISEASE OR  19 A. DATE OF  21 A. ACCIDE OR CONTRIBUTE DEATH (notify)  21 D. TIME OF INJURY (APPROX.)	OR COND  e obove  G CONDIT  OFICANT C  EATH BL  CONDITIO  OPERATIO  MT WAS U  JTING C  (Month)  that (I) (	ENT CAUSES DITIONS, if cause (A) FION los).  II ON DITIONS IN CAUSING NOT RELA NOT R	ony, giving shahing the CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED  211  (Hour) 21E  WI  WI  All) ottended	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine., form, foctory, street, on the control of the control of the control of the control of the decoased from the decoased from the control of the decoased from the control of the control	20A. AUTOPSY? (Yein or obout 21C. WHERE Iffice bidge, INJURY OCC	DID (If in Boltim	E FINDINGS CO AUSES OF DEA ore City, give ex	oct locotion)
MEDICAL CERTIFICA	DISEASES (rise )o Ih UNDERLYING  OTHER SIGN: TO THE DISEASE OR  19 A. DATE OF  21 A. ACCIDE OR CONTRIBUTE DEATH (notify)  21 D. TIME OF INJURY (APPROX.)	OR COND  e obove  G CONDIT  OFICANT C  EATH BL  CONDITIO  OPERATIO  MT WAS U  JTING C  (Month)  that (I) (	ENT CAUSES DITIONS, if cause (A) FION los).  II ON DITIONS IN CAUSING NOT RELA NOT R	Ony, giving shaping the CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED  (Hour) 218	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine., form, foctory, street, on the control of the control of the control of the control of the decoased from the decoased from the control of the decoased from the control of the control	20A. AUTOPSY? (Yein or obout 21C. WHERE INJURY OCC	Or No) 20B. IF YES, WER IN CERTIFYING CO. UR?	E FINDINGS CO AUSES OF DEA ore City, give ex	oct locotion)
MEDICAL CERTIFICA	OTHER SIGN: TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE 21D. TIME OF INJURY (APPROX.) 22. I certify that (i) (we)	OR COND  e obove  G CONDIT  OFICANT C  EATH BL  CONDITIO  OPERATIO  MT WAS U  JTING C  (Month)  that (1) (1)	ENT CAUSES DITIONS, if cause (A) FION los).  II ONDITIONS ( ON THE CAUSING ON 198. COM WAS PER INDERLYING AUSE OF xomines) (Doy) (Year)	cony, giving shahing the shahi	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine., form, foctory, street, on the control of the control of the control of the control of the decoased from the decoased from the control of the decoased from the control of the control	20A. AUTOPSY? (Yein or obout 21C, WHERE infinite bidg., INJURY OCC	Or No) 20B. IF YES, WER IN CERTIFYING COUR?  ID INJURY OCCUR?  19 (66 to 100 to	E FINDINGS CO AUSES OF DEA ore City, give ex	oct locotion)
MEDICAL CERTIFICA	OTHER SIGN: TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE 21D. TIME OF INJURY (APPROX.) 22. I certify that (i) (we)	OR COND  e obove G CONDIT  OPERATIO  That (I) ( I last saw d from the	ENT CAUSES DITIONS, if cause (A) FION los).  II ONDITIONS ( ON THE CAUSING ON 198. COM WAS PER INDERLYING AUSE OF xomines) (Doy) (Year)	cony, giving shahing the shahi	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, or indicated by the decaysed from the decaysed fr	20A. AUTOPSY? (Yein or obout 21C, WHERE infinite bidg., INJURY OCC	Or No) 20B. IF YES, WER IN CERTIFYING COUR?  ID INJURY OCCUR?  19 (66 to 100 to	E FINDINGS CO AUSES OF DEA ore City, give ex	19 B
MEDICAL CERTIFICA	OTHER SIGN: TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTE 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour an: 23A. SIGNATU	OR COND  e obove  G CONDIT  OPERATIO  That (I) (  I last saw  d from the  OR CONDITION  OPERATION  (Month)	ENT CAUSES DITIONS, if cause (A) FION los).  II ONDITIONS ( ON THE CAUSING ON 198. COM WAS PER INDERLYING AUSE OF xomines) (Doy) (Year)	cony, giving shahing the shahi	WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, form, foctory, street of the control of the cont	20A. AUTOPSY? (Ye. in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D  21F. HOW D  21F. HOW D  21F. HOW D  Aview the body ofter cending Med.	DID (If in Boltim IN CERTIFYING COUR?  ID INJURY OCCUR?  19 (10 to 1)  10 ond that in(my) (our) of the coth.	E FINDINGS CO. AUSES OF DEA	19 B
MEDICAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF OR CONTRIBUTION (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) ond hour and 23A. SIGNATU	OR CONDIDER OF CONDITION OF OPERATION (I) (I) (I) (I) (II) (II) (II) (III) (III) (III) (III) (III) (III) (III) (III) (IIII) (IIII) (IIIII) (IIIIIII) (IIIIIIII	ENT CAUSES DITIONS, if cause (A) FION los).  II ONDITIONS ( ON THE CAUSING ON 198. COM WAS PER INDERLYING AUSE OF xomines) (Doy) (Year)	cony, giving shahing the shahi	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine., form, foctory, street, or interest of the decays of from the decay of from the decays of from the decay of from the decays of from the decays of from the decay of from the deca	20A. AUTOPSY? (Ye)   in or obout 21C. WHERE office bldg., INJURY OCC     21F. HOW D   22F. HOW D   22F. HOW D   23F. HOW D   24F. HOW	DID (If in Boltim IN CERTIFYING COUR?  ID INJURY OCCUR?  19 (10 to 1)  10 ond that in(my) (our) of the coth.	E FINDINGS CO. AUSES OF DEA	19 B
MEDICAL CERTIFICA	OTHER SIGN: TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTE 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour an: 23A. SIGNATU	OR COND  e obove  G CONDITION  OPERATION  That (I)	ENT CAUSES DITIONS, if cause (A) FION los).  II ONDITIONS ( ON THE CAUSING ON 198. COM WAS PER INDERLYING AUSE OF xomines) (Doy) (Year)	cony, giving shahing the shahi	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the control of the control of the control of the decaysed from t	20A. AUTOPSY? (Ye. in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D  21F. HOW D  21F. HOW D  21F. HOW D  Aview the body ofter cending Med.	DID (If in Boltim IN CERTIFYING COUR?  ID INJURY OCCUR?  19 (10 to 1)  10 ond that in(my) (our) of the coth.	E FINDINGS CO. AUSES OF DEA	19 B
MEDICAL CERTIFICA	OTHER SIGN: TO THE D DISEASE OR 19.A. DATE OF  21A. ACCIDE OR CONTRIBUTE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) ond hour and 23A. SIGNATURY 23C. PHYSICIA THE OF INJURY 24C. PHYSICIA THE OF INJ	OR COND  e obove  G CONDIT  OPERATIO  That (I) (  I last saw  d from the  JRE  JRE  JRE  JRE  JRE  JRE  JRE  JR	ENT CAUSES DITIONS, if cause (A) FION los).  II ONDITIONS ( ON THE CAUSING ON 198. COM WAS PER INDERLYING AUSE OF xomines) (Doy) (Year)	CONTRIBUTINATED TO THE	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine., form, foctory, street, or interest of the decays of from the decay of from the decays of from the decay o	20A. AUTOPSY? (Ye in or obout 21C. WHERE iffice bldg., INJURY OCC 21F. HOW D	Or No) 20B. IF YES, WER IN CERTIFYING CO.  DID (If in Boltim UR?)  ID INJURY OCCUR?  19 (26. to	E FINDINGS CO. AUSES OF DEA	19 B. Deccurred on the constant of the constan
MEDICAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A. ACCIDE OR CONTRIBUTED THE DO THE DOTAL THE DOT	OR CONDIDER OF CONDITION  OF C	ENT CAUSES DITIONS, if cause (A) FION los).  II ONDITIONS ( ON THE CAUSING ON 198. COM WAS PER INDERLYING AUSE OF xomines) (Doy) (Year)	CONTRIBUTINATED TO THE	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the control of the control of the control of the decaysed from t	20A. AUTOPSY? (Ye in or obout 21C. WHERE iffice bldg., INJURY OCC 21F. HOW D	Or No) 20B. IF YES, WER IN CERTIFYING CO.  DID (If in Boltim UR?)  ID INJURY OCCUR?  19 (26. to	E FINDINGS CO. AUSES OF DEA	19 B
MEDICAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF OR CONTRIBUTED THE DO DISEASE OR 19A. DATE OF OR CONTRIBUTED THE DEATH (notify (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) ond hour and the contributed that (I) (we) ond hour and (I) (we) on the contributed that (I) (we) on the contributed that (I) (we) on the contribute	OR CONDIDER OF CONDITION  OF C	ENT CAUSES DITIONS, if cause (A) FION los).  II ONDITIONS (IT NOT REL, N CAUSING ON 198. CON WAS PER INDERLYING (AUSE OF xominer)  (Doy) (Year)  this hospito the deceos.	CONTRIBUTINATED TO THE TOTAL CONTRIBUTION FOR REFORMED  (Hour) 21E WW. W.	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, or instance)  INJURY OCCURRED  At Work  The deceased fram  I) (We) (did) (did not)  M.D. Att  Phy  M.D. Att  AME of CEMETERY or CR	20A. AUTOPSY? (Ye.  21A. AUTOPSY? (Ye.  21F. HOW D  21F. HOW D  21F. HOW D  21F. HOW D  22F. HOW D  23D. ADDRESS  4509 Le  23D. ADDRESS	DID (If in Boltim UR?  19 (Ac. to 1) ond that in (my) (our) of leath.  Stoff Phys.   Leath Location	E FINDINGS CO AUSES OF DEA ore City, give ex pinian death o	19 B
MEDICAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A. ACCIDE OR CONTRIBUTED THE DO THE DOTAL THE DOT	OR CONDIDER OF CONDITION OF OPERATION OPERATION OPPORT OF OPERATION OPPORT OF OPERATION OPPORT OPPO	ENT CAUSES DITIONS, if cause (A) FION los).  II ON DITIONS ON TOT REL N CAUSING ON 19B. CON WAS PER AUSE OF Ausiner (Doy) (Year)  this hospito the deceose couses sto	Ony, giving shalling the shall the	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine., form, foctory, street, or interest of the decays of from the decay of from the decays of from the decay o	20A. AUTOPSY? (Ye.  21A. AUTOPSY? (Ye.  21F. HOW D  21F. HOW D  21F. HOW D  21F. HOW D  22F. HOW D  23D. ADDRESS  4509 Le  23D. ADDRESS	DID (If in Boltim IN CERTIFYING CO IN CE	E FINDINGS CO. AUSES OF DEA	19 B
MEDICAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21A. ACCIDE OF CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (we) ond hour and the contribute of injury (APPROX.)  23A. SIGNATURE OF INJURY (APPROX.)  23C. PHYSICIA OR INJURY (APPROX.)  BURIAL CRE	OR CONDIDER OF CONDITION OF OPERATION OPERATION OPPORT OF OPERATION OPPORT OF OPERATION OPPORT OPPO	ENT CAUSES DITIONS, if cause (A) FION los).  II ON DITIONS ON TOT REL N CAUSING ON 19B. CON WAS PER AUSE OF Ausiner (Doy) (Year)  this hospito the deceose couses sto	Ony, giving shahing the shahin	WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, form, foctory, street of the control of the cont	20A. AUTOPSY? (Ye.  20A. AUTOPSY? (Ye.  21F. HOW D  22F. HOW D  22F. HOW D  22F. HOW D	DID (If in Boltim IN CERTIFYING CO IN CE	E FINDINGS CO AUSES OF DEA ore City, give ex  238. DATE SI City, town, or co Colgate,	19 B. Discourred an the  IGNED  3 - 66  Dounly) (State  Md.  ADDRESS



IMPORTANT

FUNERAL DIRECTOR:



on onto	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 00 00
BIRTH NO. 67 0058	CERTIFICA	ATE OF DEATH Registers	ed No. 67 0058
1. NAME OF DECEASED (Type or Print)  Sophia Milli		2. DATE AND HOUR OF	DEATH  1967   1:15 P
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased live	
FULL NAME OF (If not in hospital or institution, oddress or location)	give street	Maryland  Maryland	Bulter Co
INSTITUTION		C. CITY OR TOWN (If outside city limits	s, write RURAL ond give township)
8 Maryland General H	tospital	D. STREET ADDRESS (If wood, give loca	otion)
		57 Vista Mubile 1	Or,
E IAI WIDOWE	D. DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yellost birthdoy)	ors If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND O		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
lone during most of working life, even if retired)		Austria	U.S.A
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
? - RUDOLF		CATHERINE POR	87
5. Was Deceased Ever in U. S. Armed Forces? (res, no or unknown)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Catherine Smith	ADDRESS Sane
		(daughter)	
18. 4 0 0 11	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A) CO	ngestive Heart For	ilwe Zmoni
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease	, DUE 10		
injury or complication which caused death.)	h	11 1 1	/   >
ANTECEDENT CAUSES	(B) /+	therescleratic Cardiou	ascular Dis - Year
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the			
UNDERLYING CONDITION lost.	(0)		~~~~
<u> </u>	5 - 1 TO -		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			and the solution of the
DISEASE OR CONDITION CAUSING IT.			
198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 211	B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in	Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF hor DEATH (notify medical examiner)	ne, form, foctory, street,	office bldg., INJURY OCCUR?	
0	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	hile At Not W		
(APPROX)			
22. I certify that (1) (this hospital) attended	the deceased from	Nov 35 1966 to	Jan. 1 1967
	-	17	
that (1) (we) last saw the deceased alive an			ur) apinian death accurred an the
and have and from the causes stated above.	1) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE	// //		23 B. DATE SIGNED
n/h		ttending Med. Stoff Phys. Phys.	1/1/67
23C. PHYSICIAN'S	and !	23D. ADDRESS	11/01
NAME (Type)	1	11. 11. 1	
		1000.000	
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY or C	REMATORY 24D. LOCATION	(City, town, or county) (State
00.00 1/2/20 0	E. AN MENDE	AL GARDENS HARFORD	COUNTY, MD.
BURIAL JOG DE NAME , 25B. NAME ,	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
IAN 5 10c7 A	207,4212.00	0 02 1	11. 2 2006 10
SW110 1301 (1)	a Cracinal and	SILCKICH MUNERALL	MME, WINDALK, MD-

Se Timore Maryland General Hospital ST Vista Mobile Dr 48/1/11 hamilton. Austria housembe Catherine Starth Congestive Heart Instace Atheresilantes Continuenda Do

BALTIMORE CITY HEALTH DEPARTMENT

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hospital

IMPORTANT

DIRECTOR:

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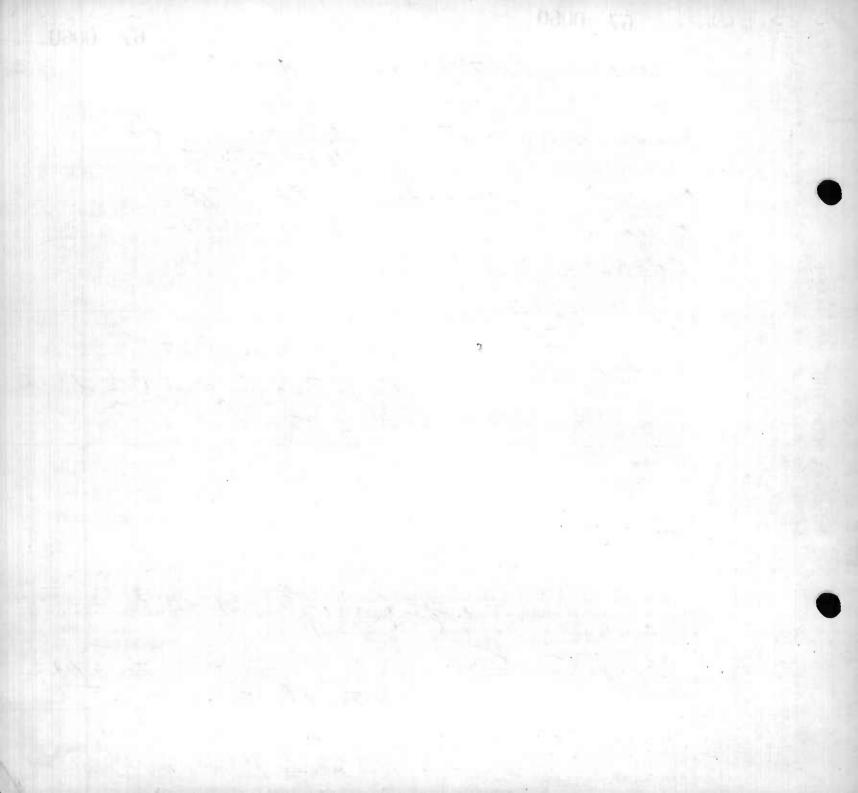
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DIRECTOR:



C-600

	67	0061		BALTIMORE CITY HEAL			
BIR	TH NO.	N	EDICAL E	XAMINER'S C	ERTIFICATE OF	DEATH Registe	red No 67 0061
M.	E CASE NO.						
1. (Ťv	NAME OF DE	CEASED		10	2. DATE AN	D HOUR PRONOUNCE	D DEAD
		5	Sylvester	Cherry JR,		1/2/67	1:15 p. M.
3. 1	LACE IN BAL	TIMORE, MARYLAN	ND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before odmission)
EIII	I NAME OF	UE NOT IN U	OSBITAL OR INISTI	FILTION CIVE STREET	Maryland		
HO	LL NAME OF SPITAL OR TITUTION	ADDRESS OR	LOCATION)	TUTION, GIVE STREET	C. CITY OR TOWN (If outsice	le corporate limits, write	RURAL and give township)
1143	HOHON				Baltimo	re	8-06
	2	2			D. STREET ADDRESS (If surol		
		Hop	kins Hosp	ital	1610 N	. Regester S	St.
5. \$	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
	male	colored	WIDO WED,	DIVORCED (specify)	9-5-1958	8	Months Doys Hours Min.
IOA	USUAL OCC	UPATION (Give kind	of work 108. KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
		working life, even if r			July 1		WHAT COUNTRY?
13.	FATHER'S NAM	ME.			14. MOTHER'S MAIDEN NAM	E	14.5.4.
1	JUL IN	TER CH	ronv sa		A. 11 T A/T	RAVA	
15	YLYED DECEASE	ED EVER IN U.S. A	PAMED FORCES?	16, SOCIAL	A LE/VE	Doya	ADDRESS
(Yes			or dotes of service)	SECURITY NO.	calle at a call		
					SALVESIEK-CH	ERRY SR, 16	IOR EGESTIER WI
	18.	00 X		CAUSE			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITIO	ON DIRECTLY	34 7 . 1			ONSET AND BEATH
		LEADING TO	DEATH	/ A \	le injuries		
	heort foi)ure	not meon the mo	de of dying, e.g. meons the discose	DUE TO			
	injury of co	implication which co	oused deoth.)		-		
	1	ANTECEDENT . C	AUSES	(P)			
	DISEASES	OR CONDITIONS	A) STATING THE	DUE TO			
	UNDERLYI	NG CONDITION	LAST.				
S				(C)			
ERTIFICATION	OTHER EVC	II CONDI	TIONS CONTRIBUT	INC			
S	TO THE	DEATH BUT NO	OT RELATED TO				
E		R CONDITION CA		WHICH OPERATION	LOOA ALIZODEVO (V N. N.	DOD IF YES WEST FIR	LOUIS CONCIDENCE
li iii	MA, DATE OF		AS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	
7	21 A EXTERNA	L CAUSE WAS	21.0	PLACE OF INITIDY (o.a.		(If in Rollings City si	un avest lenstion)
0	UNDERLYING	CAUSE WAS	hon	ne, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	tit in bottimate City, gi	ve exoct locollon/
MEDI	U IING CAU	JSE OF DEATH.		railroad t		y overpass	8-0/
2	21D TIME OF INJURY	(Month) (Doy)	(Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ		
	(APPROX.)	1 2 6	57 12:34p	WHILE AT NOT	ORK Struck by	train While	e playing on track
	22,						
						is basis, death In n	
	resu	Ited from: Natur	al causes	Accident X Suicid		Undetermined manne	or
		1.00		1	CHIEF MEDICAL EX		DATE SIGNED
	SIGNAT		mes h	G /- M.D	ASSISTANT MEDICAL E	XAMINER X	
	EXAMIN	I E DIS	ner U. Spi	1	ASSOCIATE MEDICAL E		1/3/67
	NAME (	Type) Well					
23A	OVAL (Specif	MATION, 23B, D	ATE 2	3C. NAME OF CEMETERY	CREMATORY 23D. L	OCATION (City,	town, or county) (State)
	BURI	141 1-	1) 61	MT CAV	ARY	LA, (in	INIV Md.
24/	A. DATE REC'D	BY HEALTH DEPT	. 24B, NAM	OF REGISTRAR	24C. FUNERAL DIRECTO		ADDRESS
		IAN 5 too	7 0 0 8	0 7 5	10== 011 V	1011 11 40	4 0000 /2/21
		190		5 7 8 4	O DESTITION MY	10H1 1639	N. DKOAdWAY
VS	151-REV. 1/1/	165 N 8	69,2				

ME STATE OF A STATE OF SHARTEN CHEKTERN KINE Salary 12 - 2 a hospital and

240 No.	67	0000	BALTIMORE CITY HEAL
NO.	07	0065	CERTIFICATE

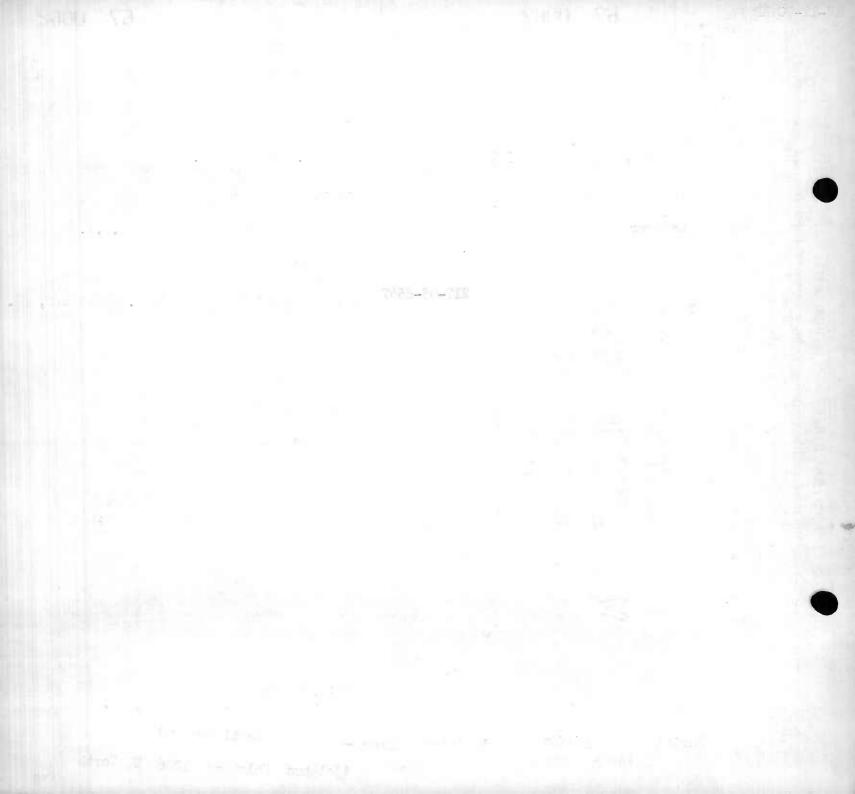
LTH DEPARTMENT

67	0062

A.E. CASE NO.					
NAME OF DECEASED	361	,	2. DATE AN	D HOUR OF DEATH	
ype or Print) Tohn	Mose	//	1.	- 7-67	2.05 P
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	Y	4. USUAL RESIDENCE I Where	e deceased lived. If in	stitution: residence before admissio
FULL NAME OF (If not in hospital	or institution.	give street	Maryland		
HOSPITAL OR oddiess or location	n)		C. CITY OR TOWN III out	side city limits, write	RURAL and give Wynship)
Baltimore City Hospi	tals		Baltimore		17
4940 Eastern Ave.	// 07000			urol, give locotion)	
Baltimore, Maryland		NEVER MARRIED	1514 W. Madis		
Male Negro	Marr	D, DIVORCED (specify)	5-? -92	ost birthdoy) 74	If Under 1 Yr. If Under 24 H Months Days Hours Min.
6A. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10B, KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Laborer			North Caroli	ina	U.S.A.
3. FATHER'S NAME		W. K Lilly III .	14. MOTHER'S MAIDEN NAM	AE	
Perry			Theresa		
5. Was Deceased Ever in U. S. Armed For		16. SOCIAL	17. INFORMANT		ADDRESS 21224
, , , , , , , , , , , , , , , , , , , ,		217-05-8567	BCH: Records 40	040 Eastern	Ave. Baltimore, N
18. 100 11		CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY			- 1	ONSET AND DEATH
LEADING TO DEATH		(i	cuana of	11 1	£ 3yr
(This does not mean the mode of		DUE TO	and me		Day be
heart failure, asthenia, etc. It means injury or complication which caused					
ANTECEDENT CAUSES		(B)			
ANTECEDENT CAUSES		DUIC TO			
DISEASES OF CONDITIONS		DOE 10			
DISEASES OR CONDITIONS, if					
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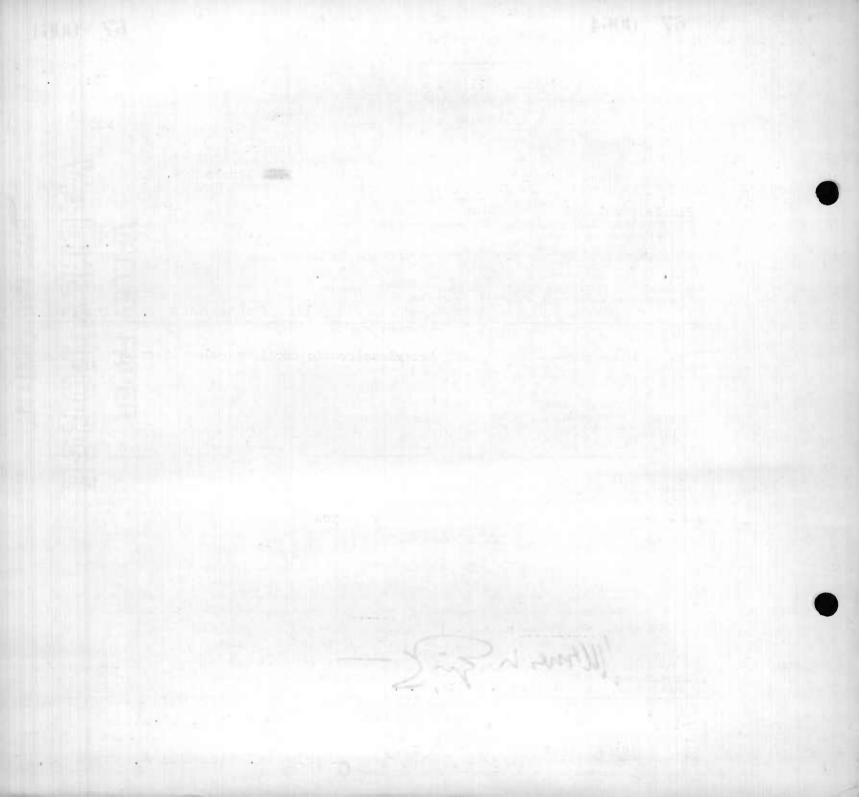


	BALTIMORE CIT	Y HEALTH DEPARTMENT		0000
BIRTH NO.  M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	67 0063
1. NAME OF DECEASED (Type or Print)	rmsa Lee	2. DATE AN	HOUR OF DEATH	1 10/0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	CITICAL AC	4. USUAL RESIDENCE (When	e deceosed lived. If in:	stitution; residence before admiss
		A. STATE B. COUN	IY	
FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	IVICI	· · · · · · · · ·	
INSTITUTION		C. CITY OR TOWN (If out	side city limits, write K	URAL ond give lownship)
University It	OSPITAL	SQUENTON	2	
38		D. STREET ADDRESS	rurol, give location)	
00		2914 Spei	man Kol.	
5. SEX 6. RACE 7. MARRIE WIDOW	SINGLE	8. DATE OF BIRTH 7/26/30	P. AGE (In years lost birthdoy)	Months Doys Hours Mi
10A. USUAL OCCUPATION (Give kind of work 10B. KIND				12. CITIZEN OF
done during most of working life, even if retired)		10 1 0		WHAT COUNTRY?
THUCK DRIVER		rua.		U.J. H.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	0	
JAMES E. Lee		Mabk	PALMER	
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service		The Homas R	BINSON	1 / - 00
No	213-28-1797		3/1	16 Wolcost AV
18.204.31	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/		, ,	
LEADING TO DEATH	(A)	CUTE Lympitocy	De Llukemi	a 14 month
(This does not mean the mode of dying, e. heart failure, asthenio, etc. It means the diseas		' '		
injury or complication which caused death.)	Carrier Control			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, givin				111111111111111111111111111111111111111
rise to the above couse (A) stating the			== 0=00=0000=00000000000000000000000000	
UNDERLYING CONDITION lost.				
- III		1, - 1		
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DISEASE OR CONDITION CAUSING IT.				
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▼ DEATH (notily medical examiner) e	etc.)	since bidg., INJORI OCCOR!		
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S OF INJURY	While At Not Wh		JRT OCCUR:	
	Work At Work			
22. I certify that (1) (this hospital) attended	the deceased from	12/19	9 66 to	1 3 196
that (1) (we) last saw the deceased alive ar	1-	19 6) and the		
			- in (my) (Ama) upit	deam decoited on the
and have and from the causes stated above.	(I) (*(e) (did) (didenot)	view the bady after death.		lana B. 1
23A. SIGNATURE			£1.46 ===	23B. DATE SIGNED
Laman (194	M.D. At	ys. Med. Director	Stoff Phys.	1/3/67
23C. PHYSICIAN'S		23D. ADDRESS	,1	
NAME (Type) ZALLMAN SOF	eus M.D.	Universi	N HOSP	TAC
24A. BURIAL CREMATION, 24B. DATE 24C.	2			- A
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CI			y, town, or county) (Sto
Dune 1/7/67 m	14 AUSUR	5	aLTUMI	)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	11	ADDRESS
JAN 5 1967 (12 0)	TE Stanbartin	The wistin to	land (3FN	Gumen St.
/S 150 BEV 1/1/45		Man water 18th	7.000	

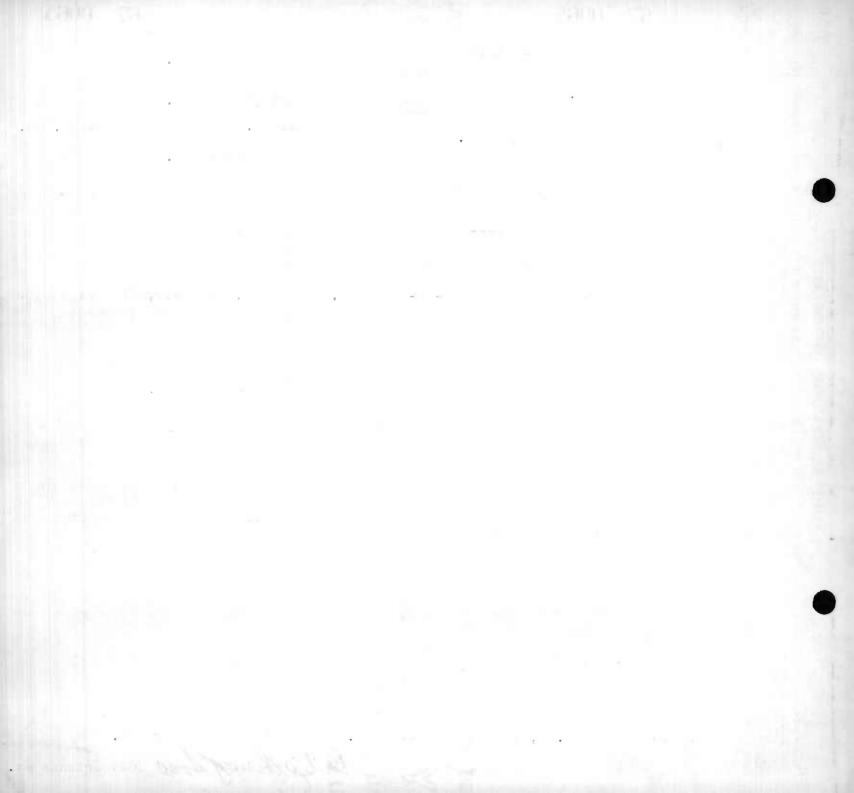
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	67	0064	8.4	LTIMORE CITY H	EALTH DEPARTMENT	CT	00
~	BIRTH NO.	0004	MEDICAL EXA	AMINER'S	CERTIFICATE OF	F DEATH Registered No. 67	UU
	M.E. CASE NO.				X		

LOTTAINE Wellington  J. RACKIN BALIMORE MARILAND, WHEE FORNOUNCED DEAD  J. RACKIN BALIMORE MARILAND, WHEE FORNOUNCED DEAD  RULL NAME OF  ROBING IVEN MOSTRAL OR INSTITUTION, GIVE STREET  ADDRESS ON LOCATION  Sinal Hospital	M.E. CASE NO.		X		
3. FACE IN BATHMORE MARITAND, WHERE PROMORED DATA  S. FACE IN BATHMORE MARITAND, WHERE FROM UNICED DATA  IN STITUTION  SIRAI HOSPITAL  SIRAI HOSPITAL  S. SEK  FEMALE  JONES S. SEK  JON	1. NAME OF DECEASED		2. DATE A		
A STATE VIRGINIA  CETYFOR YOUR DISTANCE OR COUNTY  ADDRESS OR LOCATION, CAVE STREET  NOW DOT N NEWS  Sinai Hospital  Sinai Hos	Lorrai	ne Wellington		1/3/6/	12:20 p.
ADDESS OF CONDITION DESCRIPTION  Sinai Hospital  Sinai Hospita	3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	A. STATE	B. COUNTY	esidence belare admission)
Sinal Hospital  Sinal Hospital	FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET			and give tawnship)
Sinal Hospital  Sinal Hospital	INSTITUTION		Norma	wet Norra	1-42
Sinal Hospital  5. 588	. / -				
MONTH   Display   Displa	Sinai Hospi	tal			
TOUR USUAL OCCUPATION (In which indice would look RND OF BUSINESS OR INDUSTRY IT. BETTHRACE (State or foreign country)  SOUTH CAPOLLINA  TOUR.  12. CHIEFN OF WHAT COUNTRY  SOUTH CAPOLLINA  13. WAS DECEASED EVER IN U.S. ABMED FORCES?  WAS, no a runknown, Ill yes, give war or doles of service)  14. MOTHER'S MAINE  Unk.  15. WAS DECEASED EVER IN U.S. ABMED FORCES?  Was, no a runknown, Ill yes, give war or doles of service)  16. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  Arteriosclerotic cardiovascular disease  ONE TO THE ABOVE CAUSE (A) STATING THE  UNDER THIN CONDITIONS, IF ANY, GIVING  BUSE TO THE ABOVE CAUSE (A) STATING THE  UNDER THIN CONDITION SECANDS (CI.)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  DO THE DEATH BUT NOT RELATED TO THE  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  DO THE DEATH BUT NOT RELATED TO THE  OTHER SIGNIFICANT CONDITION SECANDS (CI.)  OTHER SIGNIFICANT CONDITION SECANDS (CI.)  OTHER SIGNIFICANT CONDITION FOR WHICH OFFERTION  WAS PERFORMED  TO THE DEATH SET NOT SELATED TO THE  OTHER SIGNIFICANT CONTRIBUTING  OTHER SIGNIFICANT CONTRIBUTION  OTHER SIGNIFICA		WIDOWED, DIVORCED (specify)		lost birthday	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
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		TOUR MIND OF BUSINESS OR HADOSIK		line Wi	HAT COUNTRY?
Unk.    S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   ADDRESS   Jacquiline Scott 3306 N. Hilton St.					U.D.A.
Security No.   15.   1				ME	
Table   Tabl	Unk.		Unk.		
CAUSE OF CONDITION DIRECTLY LEADING TO DEATH   CAUSE OF			17. INFORMANT	ADDR	ESS
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SOURCES.  THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SOURCES.  PLACE OF INJURY (C.g., in ar about 21C., WHERE DID (II in Boltimare City, give exact location) IN CERTIFYING CLAUSES OF DEATH.  218. PLACE OF INJURY (C.g., in ar about 21C., WHERE DID (II in Boltimare City, give exact location) INJURY OCCUR?  219. D TIME (Manth) (Day) (Year) (Haur) (21E. INJURY OCCURRED) OF INJURY (APPROX.)  220. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion  CHIEF MEDICAL EXAMINER ACCURRED  ACTUAL SIGNATURE ACTUAL SIGNATURE ACCURRED  ACTUAL SIG	ANTECEDENT CAUSES				
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Signature   Sign	5				
State   Stat	OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA	ATED TO THE			***************************************
Signature   Sign	19A. DATE OF OPERATION 19B. COND		20A. AUTOPSY? (Yes at No	a) 208. IF YES, WERE FINDINGS	CONSIDERED
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OF INJURY (APPROX.)    Control   Con	ZIA. EXTERNAL CAUSE WAS			(II in Baltimare City, give exact	l location)
OF INJURY (APPROX.)    Control   Con	UTING CAUSE OF DEATH.		olfice bldg., INJURY OCCUR?		
Comparison   Com	1 21D THE (IVIDINI) (DOY) (160)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
Certify that I held on Inquiry   Inspection   Autopsy   X   and that on this basis, death in my opinion	(APPROX.)	m. WHILE AT NOT	WHILE ORK		
CHIEF MEDICAL EXAMINER DATE SIGNED  SIGNATURE EXAMINER'S N.D. ASSISTANT MEDICAL EXAMINER 1/3/67  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 1/3/67  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 1/3/67  23A. BURIAL CREMATION, PROPERTY OF CREMATORY PROPERTY PROPERY		quiry Inspection Au	topsy X and that on t	his bosis, deoth in my opin	ion
ACTUAL SIGNATURE   M.D. ASSISTANT MEDICAL EXAMINER   1/3/67    EXAMINER'S   Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER   1/3/67    23A. BURIAL CREMATION, Page   23C. NAME of CEMETERY of CREMATORY   23D. LOCATION (City, town, or county) (Stote)    Burial   1/9/67   Hampton National   Hampton, Virginia    24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR   24C. FUNERAL DIRECTOR   ADDRESS    Charles A. Rice 661 W. Barre St.	resulted from: Notural caus	ses X Accident Suicio	le Homicide	Undetermined monner	
ACTUAL SIGNATURE SIGNATURE ASSOCIATE MEDICAL EXAMINER 1/3/67  Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER 1/3/67  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 1/3/67  23A. BURIAL CREMATION, Page 1/23C. NAME of CEMETERY of CREMATORY PREMOVAL (Specily) Burial 1/9/67 Hampton National Hampton, Virginia 1/9/67 Hampton National Page 1/24C. FUNERAL DIRECTOR ADDRESS  JAN 5 1967 Page 1/24B. NAME OF REGISTRAR 2/4C. FUNERAL DIRECTOR ADDRESS Charles A. Rice 661 W. Barre St.	11110		CHIEF MEDICAL E	EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 1/3/6/  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 1/9/67 Hampton National Hampton, Virginia  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS  JAN 5 1967 The second of the county of County (Stote) Hampton National City, town, or county (Stote) Hampton, Virginia 24C. FUNERAL DIRECTOR ADDRESS  Charles A. Rice 661 W. Barre St.		1 1 7 / 50	ASSISTANT MEDICAL	XAMINER 3	
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JAN 5 1967 Part E Lawren Charles A. Rice 661 W. Barre St.		7 Hampton Na	tional	Hampton, Virgin	nia
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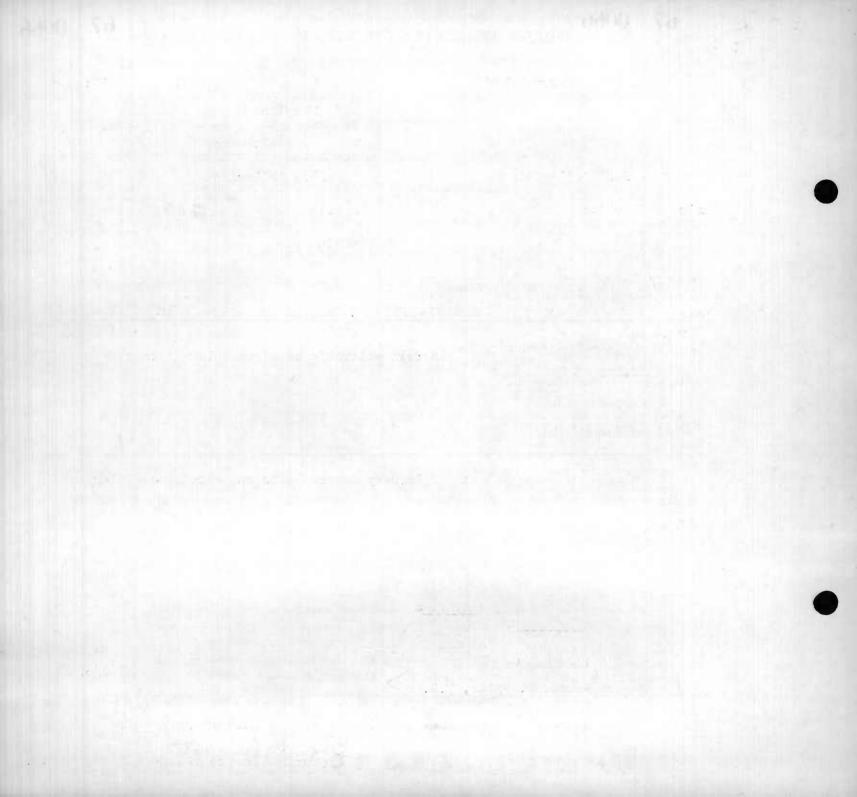


VS 150-REV. 1/1/65



## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0066

M.E. CASE	NO.					
1. NAME ( (Type or Pri	OF DECEASED				2. DATE AND HOUR PRONOUNCE	ED DEAD
Harry Baker					1/2/67	12:30 p M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A STATE	DENCE (Where deceosed lived. If instiant B. cou	tution: residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					WN (If outside corporate limits, write	RURAL and give township)
					Baltimore	d 1-12-
0	0				RESS (If rurol, give location)	
	5438 Bellev	rista			38 Bellevista	
5. SEX male	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRT	lost birthdoyl	If Under 1 Yr, If Under 24 Hrs Months, Doys, Hours, Min.
	OCCUPATION (Give kind of wor	Widov	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
done during	most of working life, even if retired)			Baltime		WHAT COUNTRY?
13. FATHER	hinist S NAME			14. MOTHER'S N		0011
	D 1				Boone	
Hai 15, WAS DI	rry Baker ECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Doone	ADDRESS
	nknown) (If yes, give wor or date		SECURITY NO.	1 - 1 - 1 5		
NO			215-07-7741		und Baker-922 Wil	
18.4	221100	02	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DE	RECTLY				
(This	LEADING TO DEATH		Arterio	sclerotic	cardiovascular dis	sease
heor	foilure, osthenio, etc. It meons	the diseose.	DUE TO		۷.)	
	ANTECEDENT CAUSE	S				
DISE	EASES OR CONDITIONS, IF	ANY, GIVING	DUE TO			
	TO THE ABOVE CAUSE (A) S DERLYING CONDITION LAST.	TATING THE				
Z			(C)	•••••		
E	11					
9 to	THE DEATH BUT NOT RE EASE OR CONDITION CAUSING	LATED TO T	HE Pulmona	ry tuberc	ulosis and carcinon	na of larynx
19A. D.	ATE OF OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 20B. IF YES, WERE FII	
₹ 21A. E	KTERNAL CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID (If in Boltimore City, gi	ve exoct location)
OUNDER	LYING OR CONTRIB- CAUSE OF DEATH.	home etc.)	, form, foctory, street, o	office bldg., INJUR	Y OCCUR?	
Z 21 D TI		or) (Hour) 2	E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
(APPRO	)X.)	m. V	VHILE AT NOT	WHILE		
22.	I certify that I held an	Inquiry			nd that on this basis, death in n	ny opinian
	resulted fram: Natural co	uses X A	ccident Spicid	e Hamic	ide Undetermined mann	er 🗌
	1.00		( ),	CHIEF N	MEDICAL EXAMINER	
	CTUAL ///5/1	19/1	275	ASSISTANT A	MEDICAL EXAMINER	DATE SIGNED
	GNATURE /		~ (M.D	•	MEDICAL EXAMINER	1/3/67
N		U. Spi				
REMOVAL			C. NAME OF CEMETERY			, town, or county) (Stote)
Bur		7 ]	Loudon Park			
24A. DATE	REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	ZAG WE	RAL DIRECTOR	ADDRESS
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VS 151-RE	V. 1/1/65	Ula Stu				

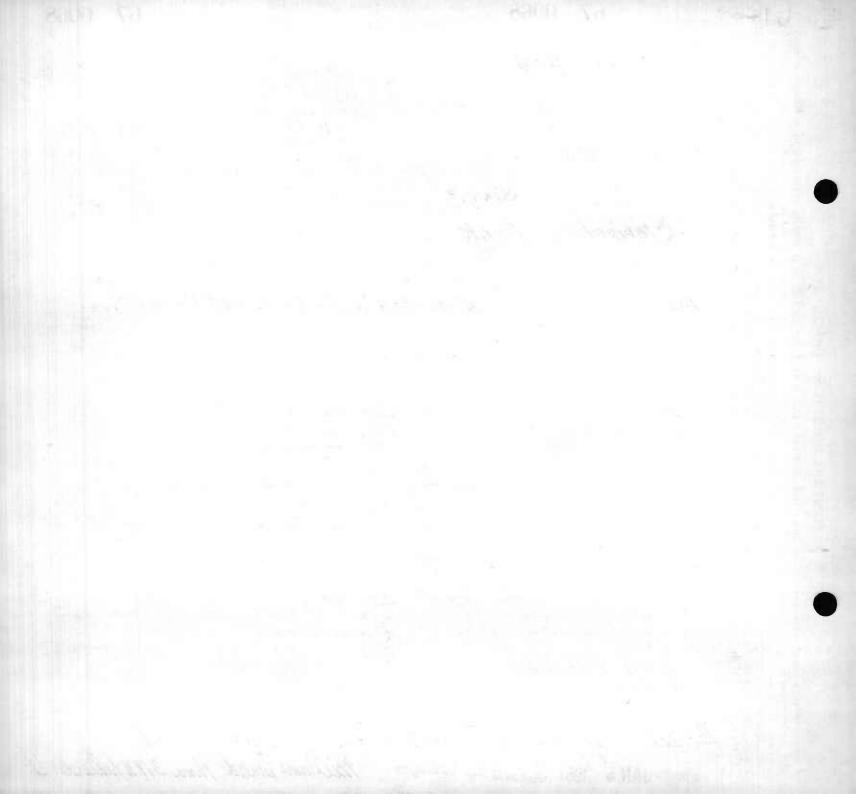


VS 150-REV. 1/1/65



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such variety and (6) No physician was in regular attendance on the deceased prior to death. Such variety and the obtained helpes the sembalmed or find disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approach in the physician was in regular attendance on the deceased prior to death. Such written approach was in regular attendance on the deceased prior to death.

BIRTH NO.				67	HIDX
M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No.	01	3000
T. NAME OF DECEASED (Type or Print) Beverly ANN	ERVIN	2. DATE AN	HOUR OF DEATH	Noo	N
PLACE OF DEATH IN BAYTIMORE MARYLAND	A	. USUAL RESIDENCE (Who STATE B. COUN		itution: residence	belore admis
FULL NAME OF (If not in hospital or institution, oddress or location) INSTITUTION		/	side city limits, write RL	IRAL and give to	wnship)
Univerity Hosp.	D	2001	urol, give location)	70	0/
SEX 6. RACE 7. MARRIED,	D. DIVORCED (specify)	DATE OF BIRTH	P. AGE (In years	If Under 1 Yr. Months Doys	If Under 24 Hours Mi
OA. USUAL OCCUPATION (Give kind of work 10B, KIND Of one during mast of working life, even it retired)	FUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF	INTRY?
3. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	A E	USH	
Willy Erwin Sy	A	Hazel	Reed	(Dec)	
5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown! (II yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Willie FHYIN	405 EWY		, ,
DISEASE OF CONDITION DIRECTLY		DEATH	2	INTERV	AL BETWEEN
LEADING TO DEATH	(A)	Sul-anhor	I Hensenby	20	lay.
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	001				
ANTECEDENT CAUSES	(B)	\$\$ \$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$			
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		.EL			
	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FILL	NDINGS CONSI	
WAS PERFORMED		Ves		SES OF DEATH?	N 5
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	S. PLACE OF INJURY (e.g., in one, form, foctory, street, office,	obout 21C. WHERE DID		SES OF DEATH?	No
OR CONTRIBUTING CAUSE OF hometry  DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY	ne, form, foctory, street, office,  INJURY OCCURRED  iile At Not While F	obout 21C. WHERE DID bldg., INJURY OCCUR?	(II in Boltimore	SES OF DEATH?	No
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  WH	INJURY OCCURRED  Title At Not White At Work  The deceased from	21F. HOW DID INJURY	(II in Boltimore	City, give exoct	No locotion)
OR CONTRIBUTING CAUSE OF CAUSE	INJURY OCCURRED  iile At Not While At Work  he deceased from 1/3	21F, HOW DID INJURY	(II in Boltimore	City, give exoct	No locotion)
OR CONTRIBUTING CAUSE OF CENTRIBUTING CAUSE OF CAUSE O	INJURY OCCURRED  iile At Not While At Work  he deceased from 1/3	21F, HOW DID INJURY	(II in Boltimore  URY OCCUR?  9 67 ta	City, give exoct	No locohon)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceosed olive an ond hour and from the causes stated above. (	INJURY OCCURRED  iile At Not While At Work  he deceased from 1/3	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 6 7 ond the w the body ofter death.	(II in Boltimore  URY OCCUR?  9 67 ta	City, give exoct	No locohon)  196
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (23A. SIGNATURE	ne, form, foctory, street, office of the control of	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 6 7 ond the w the body ofter death.	(II in Boltimore  URY OCCUR?  9 6 7 ta	City, give exoct	locotion)  196
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (23A. SIGNATURE  23 C. PHYSICIAN'S NAME (Type) James Arnal	ne, form, foctory, street, office.  INJURY OCCURRED  The deceased from 1/3  I) (We) (did) (did not) viet  M.D. Attendi Phys. 235	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 6 7 ond the w the body ofter death.  Ing Med. Director Dire	(II in Boltimore  URY OCCUR?  9 67 ta	City, give exoct	locohon)  19 6  urred on the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E (APPROX.)  22. I certify that (I) (this hospital) attended to that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. ( 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL 150 ccity)  24C. N	INJURY OCCURRED  Not While At Work  The deceased from 1 7  I) (We) (did) (did not) viet  M.D. Attending Phys.  AME AT CEMETERY or CREM.	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 6 7 ond the w the body ofter death.  Ing Med. Director Dire	(II in Boltimore  URY OCCUR?  9 67 ta	City, give exoct	locohon)  19 6  urred on the
21A. ACCIDENT WAS UNDERLYING   21E OR CONTRIBUTING   CAUSE OF DEATH (notify medicol exominer)   21E OR CONTRIBUTING   CAUSE OF DEATH (notify medicol exominer)   21E OF INJURY   (APPROX.)   What is a second of the couse of the	ne, form, foctory, street, office.  INJURY OCCURRED  iile At	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 6 7 ond the wither body ofter death.  Ing Med. Director D. ADDRESS  ALORY  246. Le	(II in Boltimore  URY OCCUR?  9 67 ta	City, give exoct	196  urred on the



IMPORTANT

DIRECTOR:

FUNERAL

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BALTIMORE CITY HEALTH DEPARTMENT

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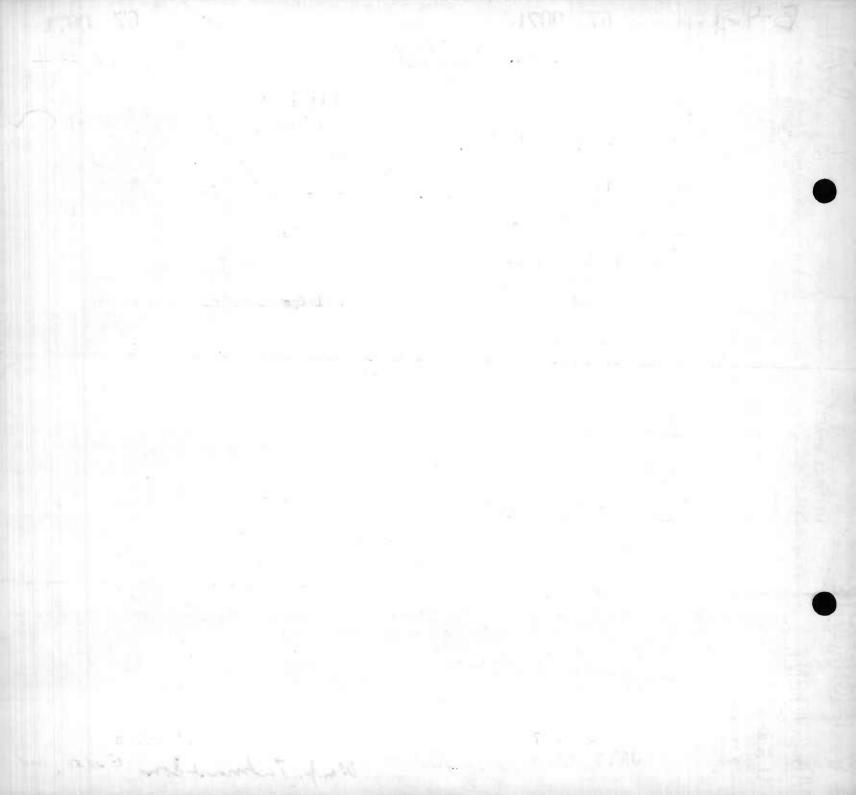
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 0070

DIKI	11 140.	MILD	CAL LA	CAMILIATION C	EKTITICATE OF	DEATH		
	CASE NO.				/			
1. N (Typ	IAME OF DEC	EASED Mart	ha D.	Bright /	2. DATE A	1/3/67	3:25 a.m.	
3. P	LACE IN BALT	MORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If instit B. COU	tution: residence before odmission)	
HOS	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Maryland c. CITY OR TOWN (If outs		RUPAL and give township)	
	000				Baltimore D. STREET ADDRESS (If rure			
	00	1308 John St			1308 Jo			
5. \$I		6. RACE	WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In year lost birthday)	Under 1 Yr. If Under 24 Hrs.	
	emale	white	Sin	igle	Dec. 29, 1911	55	CIVITAL OF	
done	during most of v	working life, even if retired)	Balto.	Photo and B.	11. BIRTHPLACE (Stole or fore	ign country)	2. CITIZEN OF WHAT COUNTRY?	
	nion Pa		Print	Company	Nashville, T			
	James	Dougla	S	Bright	Lillian	B. Hal:	sey	
15. V	NAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	521 C:	ADDRESS arolina Ave.	
	No	None			Mr. James C. H		nia Beach, Va.	
	1B. 49	1 Y .		CAUSE	OF DEATH	500	INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION DI	PECTLY				ONSET AND DEATH	
		LEADING TO DEATH		,Lobar I	neumonia			
	heort foilure,	not mean the made of osthenia, etc. It means mplication which caused	the disease,	DUE TO	1/4			
	Α	NTECEDENT CAUSE	s					
	DISEASES	OR CONDITIONS, IF A	NY, GIVING					
		E ABOVE CAUSE (A) S'	TATING THE					
Z		N. Levil		(C)				
¥ ĭ	OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTII	NG				
FIG	TO THE	DEATH BUT NOT RE	LATED TO T		alteration of	liver	***************************************	
CERTIFICATION	DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 DERTIFYING CAUS		
₹		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City, giv	e exoct locotion)	
MEDICAL	UTING CAU	SE OF DEATH.	etc.)	e, form, foctory, street,	office bldg., INJURY OCCUR?			
	21D TIME OF INJURY	(Month) (Doy) (Yeo		TE. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
	(APPROX.)		m. V	VORK AT W	WHILE ORK			
	22.	tify that I held on I	nquiry 🗌		9 4	his basis, deoth in m	y opinion	
	resul	ted from: Notural ca	uses X	Accident Suicid	e Homicide	Undetermined monne	er 🔲	
		1.00	. /	0	CHIEF MEDICAL	XAMINER [		
	SIGNAT		ush.	300 (M.D		TOTAL CO.	DATE SIGNED	
	EXAMIN	1)		M.D	ASSOCIATE MEDICAL I		1/3/67	
	NAME (	Type) Werner U						
	BURIAL CREATION ACTION TO BURIAL (Specify		23	C. NAME OF CEMETERY	or CREMATORY 23D.	LOCATION (City,	town, or county) (Stote)	
	Cremat		67	Green Mount	rematory	Baltimore, Ma	ryland	
24A	. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTO		ADDRESS /	
		JAN 5 1967	12008	12 Fr. Olan	0210m 10 75	men +8	my note it	
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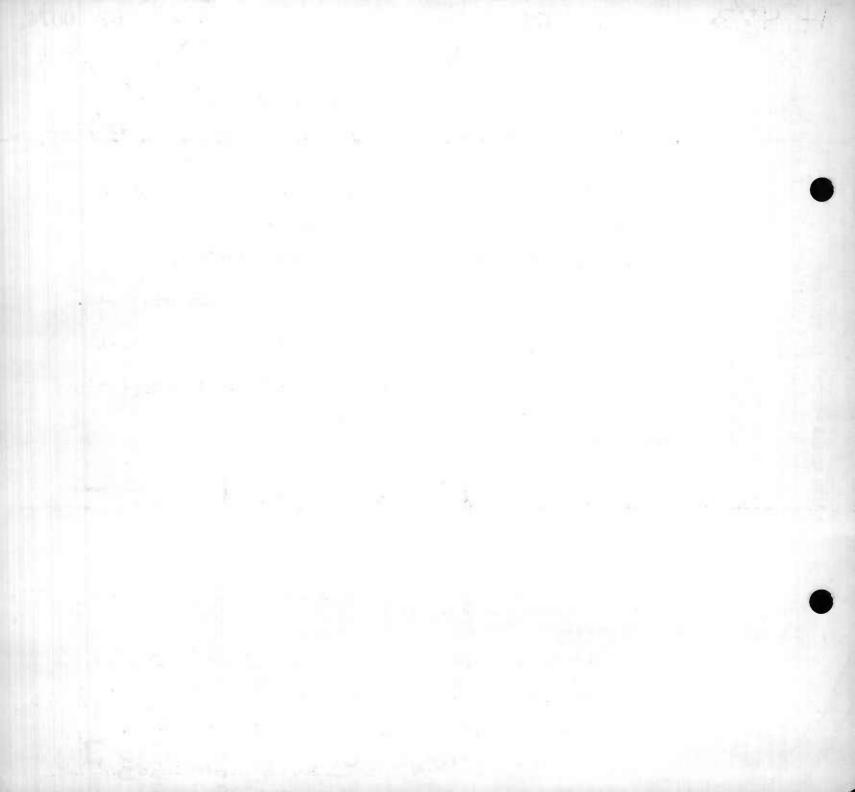
IRTH NO.						OP4	Th
	1	071 CERT	TIFICATE OF D	EATH	Registered No		1071
M.E. CASE NO.  1. NAME OF DE (Type or Print)		VE. Blashly	ild	2. DANE AND	HOUR OF DEAT	1/2	30 A
PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND	4. USUAL RES		deceased lived. II	institution: residence	before odmi
FULL NAME	OF Alfact in bossissi	Las institution and start		HIGANN			
HOSPITAL OF	R oddress or lacation	l or institution, give street on)	C. CITY OR TO		de city limits, writ	e RURAL and give to	wnship)
2			ANA	N ARBOR		1/-1	9
301011	NS HOPKINS	HOSPITAL	D. STREET AD		rol, give location)		+
JUH	NS HOPKINS	HOSP TIME.	1512	MORTO	VAVE		
SEX	6. RACE	7. MARRIED, NEVER MARR	IED 8. DATE OF BI	RTH 9,	AGE (In years	If Under 1 Yr.	If Under 2
MALE	WHITE	MARRIED	specify)	-1902 "	st birthdoy) 64	Months Doys	Hours
DA, USUAL OC	CUPATION (Give kind of wor	THE TOP BUSINESS OR				12. CITIZEN OF	
	of working life, even if retired)					WHAT COUL	NTRY?
Lawy				ton, Ohio			111.115
3. FATHER'S NA		1510	14. MOTHER'S	MAIDEN NAM	•		
AL	BERT BLASHF	IELD		MARGA	RET Athe	rton	
. Was Deceas	ed Ever in U. S. Armed Fo		17. INFORMAN			ADDRES	S
No No	wn) (If yes, give war ar dat	tes of service) SECURITY		adve Rice	hfield	same address	
	110110			adys Blas	untard 8		
18. 4	01/		CAUSE OF DEATH				L BETWEEL
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(This does	nol mean the mode of	1.6	I WE TO WELLEN	u eup	arction	1 0	7
heart failure	e, asthenia, etc. II mean.	s the diseose,	1	0			/
injury or co	omplication which cause		Accili	) tu		year	2
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5. SEX 6. RACE Female White 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) Widowed Aug. 23, 1877 89  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Housewife  13. FATHER'S NAME James Palmer  15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL  17. INFORMANT	21 209 If Under 1 Yr. If Under 24 Hr Anoths Doys Hours Min.
M.E. CASE NO.    I.NAME OF DECEASED	RAL and give township)  21 209  If Under 1 Yr. If Under 24 Hi Manths Doys Min.
Clarice Noel  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION The Wesley Home, Inc.  2211 W. Rogers Avenue Baltimore, Maryland  5. SEX Female  White  Widowed  10A. STATE B. COUNTY Maryland  C. CITY OR TOWN (If outside city limits, write PUR Baltimore  D. STREET ADDRESS (If rurol, give location)  2211 W. Rogers Ave.  S. SEX Female  White  Widowed, Divorced (specify) Widowed  Aug. 23, 1877  89  10A. USUAL RESIDENCE (Where deceosed lived. If institution, give street B. COUNTY Maryland  C. CITY OR TOWN (If outside city limits, write PUR Baltimore  D. STREET ADDRESS (If rurol, give location)  2211 W. Rogers Ave.  S. SEX Female  White  Widowed  Aug. 23, 1877  89  10A. SUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) HOUSEWIFE  HOUSEWIFE  Trenton, N. J.  13. FATHER'S NAME  James  Palmer  14. MOTHER'S MAIDEN NAME  Pebecca  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT	RAL and give township)  21 209  If Under 1 Yr. If Under 24 H Annths Days Hours Min.
FULL NAME OF HOSPITAL OR Use the street oddress or locotion of the Wesley Home, Inc.  PULL NAME OF HOSPITAL OR Use the street oddress or locotion of the Wesley Home, Inc.  PULL NAME OF HOSPITAL OR Use the street oddress or locotion of the Wesley Home, Inc.  PULL NAME OF HOSPITAL OR Use the street oddress or locotion of the Wesley Home, Inc.  PULL NAME OF HOSPITAL OR Use the street oddress or locotion of the Wesley Home, Inc.  Pull NAME OF HOSPITAL OR Use the street oddress or locotion oddress or locotion of the wesley Home, Inc.  Pull NAME OF HOSPITAL OR Use the street oddress or locotion oddress or	21 209 If Under 1 Yr. If Under 24 H Annths Doys Hours Min.
FULL NAME OF HOSPITAL OR INSTITUTION  The Wesley Home, Inc.  2211 W. Rogers Avenue  Baltimore, Maryland  21209  S. SEX Female  White  Widowed  Town (If outside city limits, write RUR  Baltimore  D. STREET ADDRESS (If rurol, give location)  2211 W. Rogers Ave.  S. SEX Female  White  Widowed  Widowed  Widowed  Female  Town 108, INTERIFFER ADDRESS  Wife rurol, give location)  Aug. 23, 1877  S. AGE (In years lost birthday)  Widowed  Widowed  Aug. 23, 1877  A. STATE  B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RUR  Baltimore  D. STREET ADDRESS (If rurol, give location)  Aug. 23, 1877  S. AGE (In years lost birthday)  Not a diving most of working life, even if refired)  Housewife  Trenton, N. J.  14. Mother's Maiden Name  Palmer  S. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT	21 209 If Under 1 Yr. If Under 24 H Annths Days Hours Min.
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The Wesley Home, Inc.    2211 W. Rogers Avenue   Baltimore   Street Address   Continue	21 209 If Under 1 Yr. If Under 24 H Annths Days Hours Min.
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IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Housewife  Trenton, N. J.  13. FATHER'S NAME  James  Palmer  Rebecca Snyder  5. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT	
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5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	
res, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
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18.24 2 2 1 CAUSE OF DEATH	me address INTERVAL BETWEEN
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore C	DINGS CONSIDERED ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF Lower form, foctory, street, office bldg., INJURY OCCUR?	city, give exact lacation)
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
While At Not While	
Work At Work	
22. I certify that (I) (this haspital) attended the deceased from 7 Statistics 19 to 10	mary 196/
that (1) (yet) last saw the deceased alive an 3000000000 1966 and that in (my) (of spinia	in death/accurred an the
and haur and fram the causes stated abave. (M) (We) (did) (did nat) view the bady after death.	
	B. DATE MIGNED
John M.D. Attending Med. Stoff Phys. Director Phys.	3 Jan 67
28C. PHYSICIAN'S	7
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24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, REMOVAL (Specify)	
Burial CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Burial 1/5/1967 First Presbyterian Cemetery Ewing, N. J. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR.	A PORESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, REMOVAL (Specify) 1/5/1967 First Presbyterian Cemetery Ewing, N. J.	Beiles, me

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C. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission, give sheet  1. Le Benson  2. Date and hour of death  2. Date and hour of death  3. State and hour of death  3. State and the city limits, who remails and give themship)  2. Le Baltimore  3. State Address  1. Le Benson  2. Le Mother's Malden Name  2. Le Mother's Malden Name  2. Le Benson  2. Le Mother's Malden Name  2. Le Benson  2. Le Benson  3. Le Benson  1. Le Benson  2. Le
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-	33									
5.	SEX	6. RACE		7. MARRIED WIDOWE	D, DIVORCED (specify)	8. DATE O		9. AGE (In years lost birthday)	If Unde Months	Deys Ho
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13.	FATHER'S NAM		1	14.		_	ERS MAIDEN			
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15. (Ye	Was Deceased s, ne er unknewn	Ever in U. S.	Armed Fere	ces? s ef service)	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT			ADDRESS
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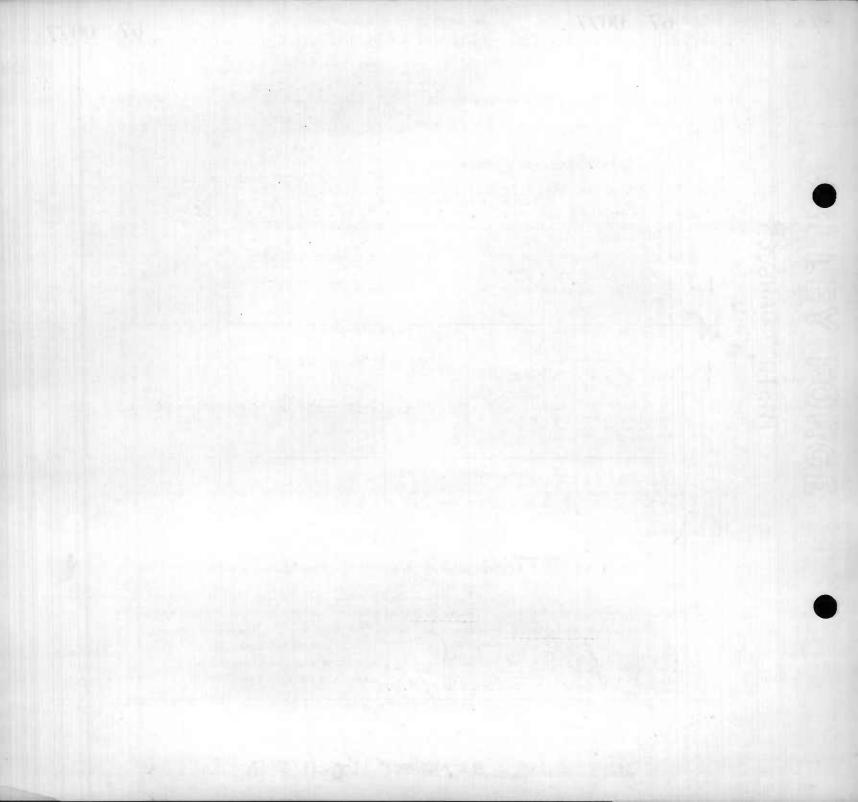
BALTIMORE CITY HEALTH DEPARTMENT

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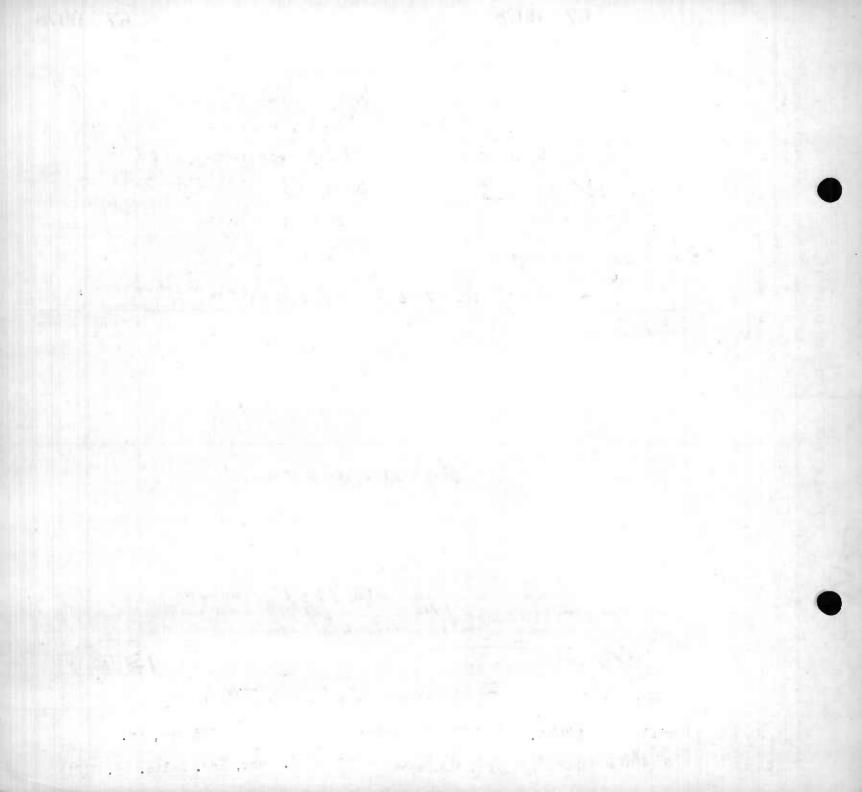
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## 67 0077 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 80.7 0077

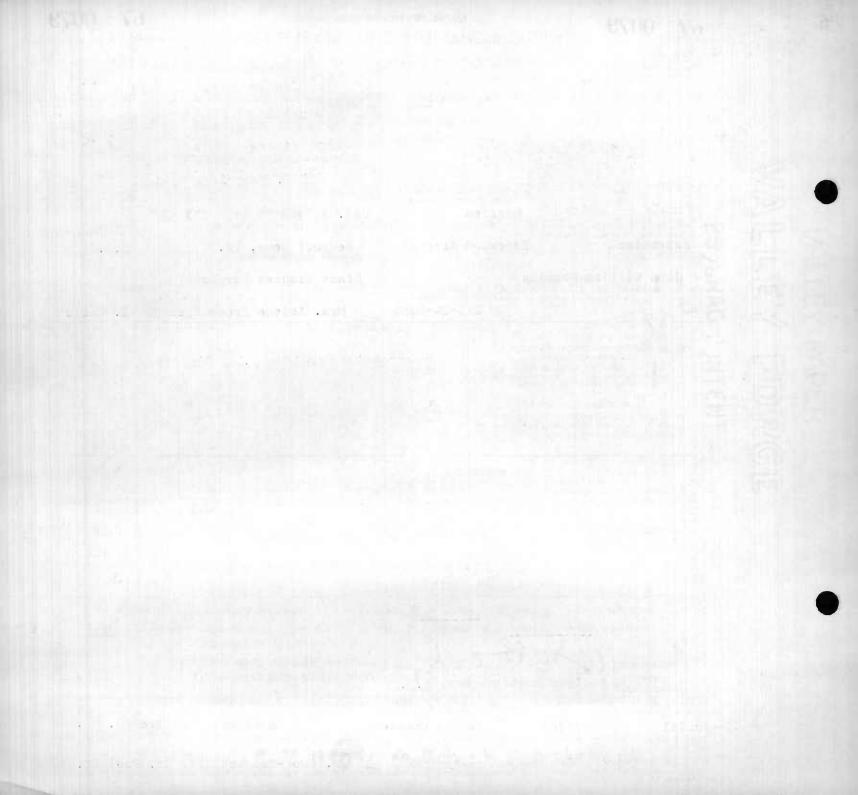
M.E. CASE NO.	
1. NAME OF DECEASED	2, DATE AND HOUR PRONOUNCED DEAD
NOAH MITCHE	LL January 4, 1967 8:55 A <sub>M</sub> .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed lived. If institution: residence before edmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If eutside cerperete limits, write RURAL end give tewnship)
	Baltimore
1833 N. Montford Avenue	D. STREET ADDRESS (II rurel, give locotion)  1833 N. Montford Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVQRCED(specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs.   In the state of the state o
Male Colored Widower	Nec. 23, 1906 60
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stele or fereign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	74. MOTHER'S MAIDEN NAME
Willie mitchell	Elinabeth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, ne er unknewn) (If yes, give wer er detes ef service) SECURITY NO.	Danie Maloni Same
	SE OF DEATH INTERVAL BETWEEN
TR21/1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Conge	stive Heart Failure
I have does not meen the mode of dying e.g., Dur to	Stive Heart Faritate
heert (eilure, esthenie, etc. It meens the discesse, injury or complication which caused death.)	
ANTECEDENT CAUSES Arter	iosclerotic Cardiovascular Disease
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	No IN CERTIFYING CAUSES OF DEATH?
✓ 21 A. EXTERNAL CAUSE WAS  O UNDERLYING OR CONTRIB-  21B. PLACE OF INJURY (e.g., heme, ferm, fectory, street,	, in er ebeut 21C. WHERE DID (If in Boltimere City, give exact location) office bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB-	
OF INJURY	21F. HOW DID INJURY OCCUR?
m. WORK L AT	WORK
22. I certify that I held an Inquiry Inspection X A	utopsy and that on this basis, death in my apinian
resulted from: Natural causes Accident Suici	de Mamicide Undetermined manner
ACTUAL SIGNATURE SIGNATURE M.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Rudiger Breitenecker M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	er CREMATORY 23D. LOCATION (City, town, er county) (Stote)
Burel 1-7-67 Confestion	Cent Jamal Mil
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. EUNERAL DIRECTOR ADDRESS
IANE 1007 DO SE C FASCUM	& Liput ( ) 1 / no 110 Promother
VS 151-REV. 1/1/65	They are the son minister



4	חיים כיין חסייוו		HEALTH DEPARTMENT		0000
	RTH NO. 8-4-13 67 0078	CERTIFICA	TE OF DEATH	Registered No	67 0078
1.	RE CASE NO.		2. DATE AN	ID HOUR OF DEATH	->0
	WW79EN CMMA	V.	[-4-	67 W 3	M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re deceased lived. If insti	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution oddress or location)	ion, givo streol	MC -	Bachm	un TIL
	INSTITUTION		Bathme	tside city limits, write RU	RAL and give township)
	Mary land general	nospilar		rurol, give location)	6/-70
	H Ba	bomore	724 Be	averbyou	kRd.
5.		HED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday) 53	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
u	Clerk		Balhw	cono	1154
13	FATHERS NAME		14. MOTHERS MAIDEN NA	ME	
	Samuel morga		Sadre L	celly	
15 (Y	, Was Doceased Ever in U. S. Armed Forces? es, no or unknown) (If yos, givo war or dates of sorvi	16. SOCIAL SECURITY NO.	17. INFORMANT	ohn Roeg	ADDRESS
	No	212 07 0663	firter:	10mm Bog	Fungrea An
	18. 199. 21	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	0.5	0000	5-1-4
	(This does not mean the mode of dying,		renerals a	of Carech	r- 1- monin
	heart failure, asthenia, etc. It means the dise- injury or complication which caused death.)	ase,	ratoris	15	
	ANTECEDENT CAUSES	(B)	heart le	ng faules	use.
	DISEASES OR CONDITIONS, if ony, give			0 /	
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
	11	N 10 100			
ATION		TING THE	netastas		
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		DINC: CONFIDENCE
CEDTICIO	WAS PERFORMED	OK WHICH OPERATION	A IC	ON CERTIFYING CAUS	ES OF DEATH?
CEB		21 B. PLACE OF INJURY (o.g., in	or obout 21C. WHERE DID	(If in Baltimore C	City, givo exact location)
IV.		homo, form, foctory, street, a etc.)	fice bidg., INJURY OCCUR?		
CICA	21D. TIME (Month) (Doy) (Your) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
AA	(APPROX.)	While At Not While Work At Work	e		
	22. I certify that (I) (this hospital) attended		12/28/	19 66 to/14	19.67
	that (1) (we) lost sow the deceased alive	1 1			on death accurred on the date
	and hour and from the causes stated above	/ / /	1		
	23A. SIGNATURE			Marse 2	3B. DATE SIGNED,
	AM Cuy	M.D. Atte	onding Med. Director	Stoff Phys. Dhyp.	14/67
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	
	Abdelgattar	Hwaye, M.D.	Universi	10 NOSD	May Balt
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRI		OCATION (City,	town, or county) (State)
	Burial 1/7/67.	Parkwood Cemet	ery	Baltimore,	Md.
0.4	A. DATE REC'D BY HEALTH DEPT. 258. NAM	ME OF REGISTRAN	25C FUNERAL PARECTOR		
Z:		e O T	I dans les		ADDRESS
-	JAN 5 1967 R.C.	52. Fallens	Ladnard J. Rud	ck, Inc. Balt	ADDRESS 0. Md. 21214



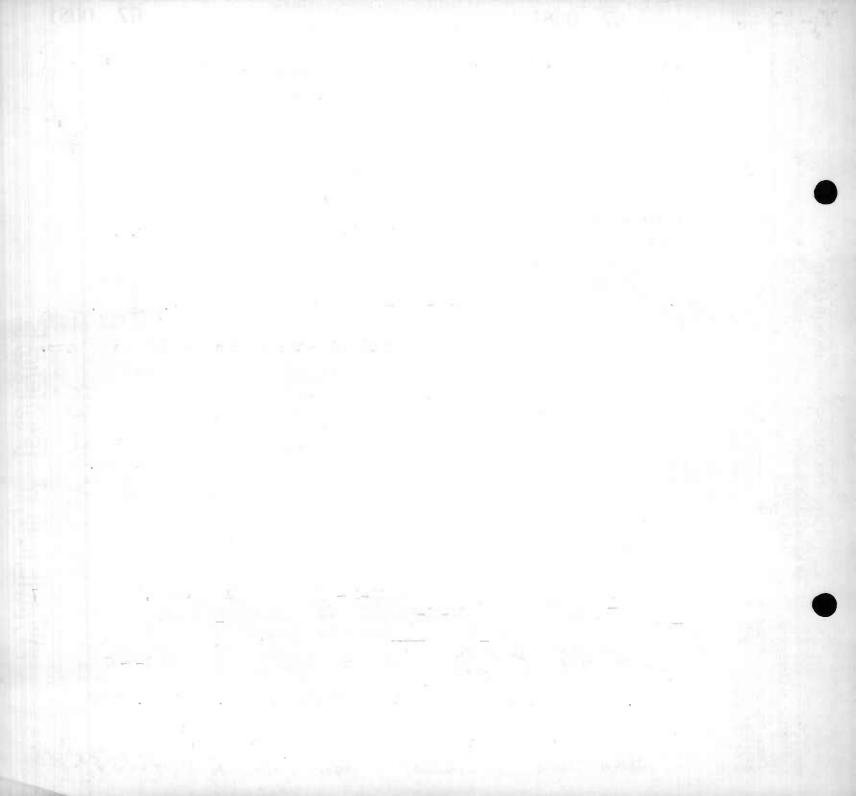
	E CASE NO.	PACPE					1			
	Pe or Print)	FRANCES	,		EDERGE		2. DATE AND HOUR PR			
3.	PLACE IN BALT			RE PRONOL	FREE SE	4. USUAL PESID	January 4, 1		residence before odmission)	
						A. STATE	ryland	B. COUNTY		
HO	LL NAME OF SPITAL OR STITUTION	ADDRESS	N HOSPITAL OR LOCATIO	OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	WN (If outside corporate I	limits, write RURA	L ond give township)	
	33	Johns H	Hopkins	Hospi	tal		RESS (If rural, give locofio 7 N. Maderia			
S.	SEX	6. RACE			NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	H 9. AGE lost birth	(In years If U	nder 1 Yr. If Under 24 Hrs. ths, Doys, Hours, Min.	
	Female	Whi	ite	Marri	Led	Jan. 5,1		62 <b>8</b> 63		
	. USUAL OCCL			B. KIND OI	BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign country)		THE OF WHAT COUNTRY?	
	Assemb	ler		Edgewo	ood Arsenal	Newpor	t News, Va.		U.S.	
13.	FATHER'S NAM					14. MOTHER'S M	AIDEN NAME			
3.0		William			11/ 60 014	Diana F	rances Furges	son	APE-	
	WAS DECEASED s, no or unknown)				SECURITY NO.	17. INFORMANT		ADD	KF27	
	No				215-24-4060	Mrs.	Arlene Freebu	irger 904	S. Curley	
	(This does n	SE OR COND LEADING TO	O DEATH	ring e.g.		of DEATH	diovascular D	isease	INTERVAL BETWEEN ONSET AND DEATH	
	injury or cor	osthenio, etc. mplication whic	h coused deal	e diseose, th.)	DOE 10		-			
ATION	DISEASES ( RISE TO TH UNDERLYIN	NTECEDENT OR CONDITION E ABOVE CAL NG CONDITION	CAUSES ONS, IF ANY, USE (A) STAT ON LAST.	, GIVING ING THE	(B) DUE TO (C)					
임	DISEASES (RISE TO THE UNDERLYIN	NTECEDENT OR CONDITIO E ABOVE CAL IG CONDITIO  II NIFICANT COI DEATH BUT R CONDITION OPERATION	CAUSES  ONS, IF ANY, JSE (A) STAT ON LAST.  NDITIONS CO NOT RELAT CAUSING IT [19B, CONDIT	ONTRIBUTII	(B) DUE TO (C)	20A. AUTOPSY	? (Yes or No)  20B. IF YES,			
AL CERTIFIC	DISEASES RISE TO TH UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A. DATE OF	INTECEDENT OR CONDITIO E ABOVE CAL ING CONDITIO  II NIFICANT COI DEATH BUT R CONDITION  OPERATION	CAUSES ONS, IF ANY, JSE (A) STAT ON LAST.  NOT RELAT CAUSING IT 198, CONDIT WAS PERFOR	ONTRIBUTII	(B)	in or about 21 C. V	O IN CERTIFYI	ING CAUSES OF	DEATH?	
ERTIFIC	OTHER SIGN TO THE DISEASE OF T	INTECEDENT OR CONDITIO E ABOVE CAL NG CONDITIO  II NIFICANT COI DEATH BUT R CONDITION OPERATION  L CAUSE WA	CAUSES ONS, IF ANY, JSE (A) STAT ON LAST.  NOT RELAT CAUSING IT 198, CONDIT WAS PERFOR	ONTRIBUTII	(B) DUE TO  (C)	in or about 21 C, V	O IN CERTIFYI	ing CAUSES OF	DEATH?	
AL CERTIFIC	OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE	INTECEDENT OR CONDITION E ABOVE CAL NG CONDITION DEATH BUT R CONDITION OPERATION  CAUSE WA OR CONTRIB- SE OF DEATH (Month) (D.	CAUSES ONS, IF ANY, JSE (A) STAT ON LAST.  NOT RELAT CAUSING IT 198, CONDIT WAS PERFOR S	ONTRIBUTII	(B) DUE TO  (C)	in or obout 21C, Voffice bldg., INJURY	O IN CERTIFY! O (If in Boltimo O OCCUR?	ing Causes Of	ct location)	
AL CERTIFIC	OTHER SIGN TO THE DISEASE OF T	INTECEDENT OR CONDITION E ABOVE CAL NG CONDITION DEATH BUT R CONDITION OPERATION  CAUSE WA OR CONTRIB- SE OF DEATH	CAUSES ONS, IF ANY, JSE (A) STAT ON LAST.  NOITIONS CO NOT RELAT CAUSING IT IPR. CONDIT WAS PERFOR S Oy) (Yeor)	ONTRIBUTIII TED TO T TON FOR MED    21 B. home etc.) (Hour) 2	(B) DUE TO  (C)	in or obout 21C, Voifice bidg., INJURY 21F. HO WHILE ORK	O IN CERTIFY! O WHERE DID (If in Boltimo O CCUR? OW DID INJURY OCCUR  d that an this basis, d	ing Causes Of	ct location)	
AL CERTIFIC	OTHER SIGN OTHER SIGN TO THE DISEASE OF 19A. DATE OF 21A. EXTERNAL UNDERLYING UNDERLYING CAU 21D TIME OF INJURY (APPROX.)  22.  ACTUAL SIGNAT	INTECEDENT OR CONDITION OR CONDITION INTECEDENT INTECED	CAUSES ONS, IF ANY, JSE (A) STAT ON LAST.  NOTITIONS CO NOT RELAT CAUSING IT 198, CONDIT WAS PERFOR S Oy) (Yeor)	ONTRIBUTII	(B) DUE TO  (C)	while and chief M	ON WHERE DID (If in Boltimo OCCUR?  OW DID INJURY OCCUR  d that an this basis, dide Undetermin	re City, give exo	ct location)	
MEDICAL CERTIFIC	DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE OF  19A. DATE OF  21A. EXTERNAL UNDERLYING UNING CAU  21D TIME OF INJURY (APPROX.)  22, I cert resul  ACTUAL SIGNAT EXAMIN NAME (**)	INTECEDENT OR CONDITION OR CONDITION INTECEDENT OR CONDITION OPERATION  CAUSE WA OR CONTRIB- SE OF DEATH  (Month) (D.  Tify that I he ted from: Market of the condition of the c	CAUSES ONS, IF ANY, JSE (A) STAT ON LAST.  NOTITIONS CO NOT RELAT CAUSING IT 198, CONDIT WAS PERFOR  S Oy) (Yeor)  Id an Inquent cause  Joy (Yeor)  Iger Br	ONTRIBUTIII FED TO T TON FOR RMED  21 B. home etc.)  (Hour) 2  wiry	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, while at a not work and work and while at a not work and work a	white tapsy and CHIEF M ASSISTANT M ASSOCIATE M	ON WHERE DID (If in Boltimo OCCUR?  OW DID INJURY OCCUR  OW DID INJURY OCCUR	re City, give exo	nlan  DATE SIGNED  1/4/67	
MEDICAL CERTIFIC	DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE OF  19A. DATE OF  21A. EXTERNAL UNDERLYING UNING CAU  21D TIME OF INJURY (APPROX.)  22,  I cert resul  ACTUAL SIGNATI EXAMIN	INTECEDENT OR CONDITION E ABOVE CAU INTECENT CONDITION OF CONDITION OPERATION  CAUSE WAS SE OF DEATH (Month) (D.  WIFE CAUSE W	CAUSES ONS, IF ANY, JSE (A) STAT ON LAST.  NOTITIONS CO NOT RELAT CAUSING IT 198, CONDIT WAS PERFOR S Oy) (Yeor)	ONTRIBUTIII TED TO T TON FOR TRAMED    21 B.   home   etc.     (Hour)   2   m.   v	(B) DUE TO  (C)	while Hamici CHIEF M ASSISTANT M ASSOCIATE M OF CREMATORY	ON WHERE DID (If in Boltimo OCCUR?  OW DID INJURY OCCUR  d that an this basis, dide Undetermin	e City, give exo	nlan  DATE SIGNED  1/4/67  or county) (State)	



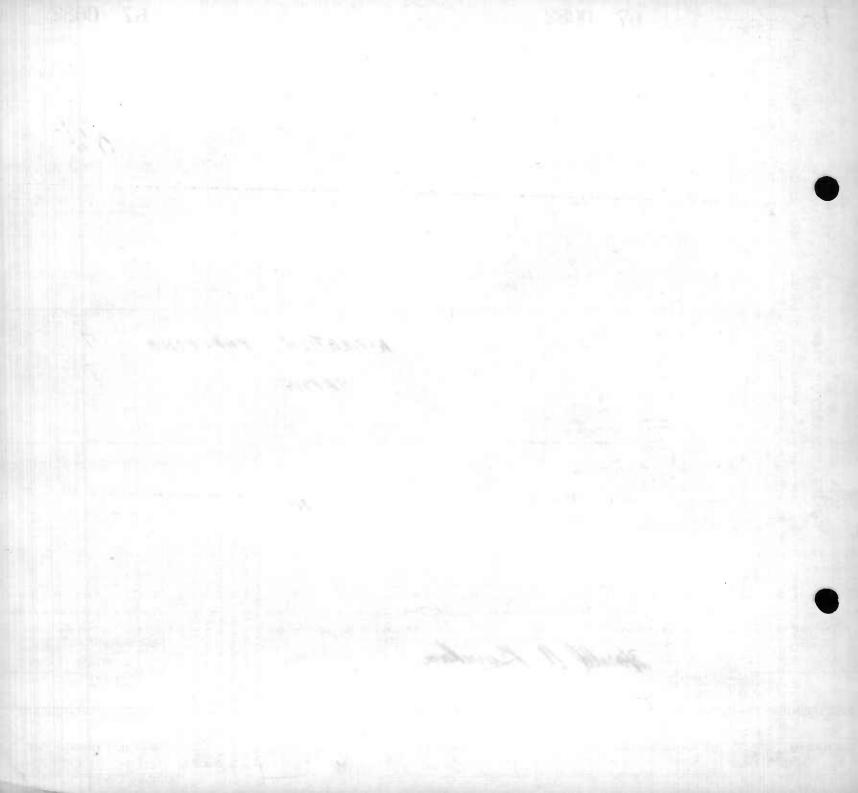
Fronk Rickle

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must he obtained he fore the remains are emplayed or final disposition is made.	NA	-	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a his body was released to the hospital by a medical examiner. Also, if the direct or contributing caus shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendative of any must he deceased prior to determined the deceased prior to describe an approval must he obtained hetere the remains are embalmed or final disposition is made.	X/-	ospital and e of death 5) Deceased	nce on the death. Such
This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or co shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete was D.O.A. at a hospital (except where the physician who pronounced death was in require to death); and (6) No physician was in regular attendance on the decentified approach must he obtained before the rempine are embalmed or final disposition.	•	occurred in a h intributing caus rmined cause; (	egular attenda ased prior to c
This certificate must be approved by the chief medical examiner or his assistant he body was released to the hospital by a medical examiner. Also, if the oshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind was D.O.A. at a hospital (except where the physician who pronounced deat deceased prior to death); and (6) No physician was in regular attendance of written approved must be obtained hefore the remains are embalmed or final.	5	it if death lirect or co ; (4) Undete	h was in the dece
This certificate must be approved by the chief medical examiner or the body was released to the hospital by a medical examiner. Alshows: (1) An accident of any nature; (2) Body burns; (3) A fracture was D.O.A. at a hospital (except where the physician who pronou deceased prior to death); and (6) No physician was in regular at written approval must he obtained before the remains are embalmy	MPORTAN	his assistar so, if the of any kind	unced deat tendance o
This certificate must be approved by the chief medical exthe body was released to the hospital by a medical exshows: (1) An accident of any nature; (2) Body burns; (3) was D.O.A. at a hospital (except where the physician variety and controlled the control before the remains and the physician was in written approval must he obtained before the remains and the controlled the controlled.	CTOR: 1/	xaminer or aminer. Al A fracture	who pronoregular at
This certificate must be approved by the chiefthe body was released to the hospital by a shows: (1) An accident of any nature; (2) Body was D.O.A. at a hospital (except where the deceased prior to death); and (6) No physical written approval must he obtained hefore the	RAL DIRE	f medical ex medical ex y burns; (3)	physician vian was in
This certificate must be approved I the body was released to the hosp shows: (1) An accident of any natuwas D.O.A. at a hospital (except was an approved must be obtained written approved must be obtained.	FUNE	by the chief sital by a re; (2) Body	Where the No physical
This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospit deceased prior to deat	•	to the host	al (except h); and (6)
This certifice the body we shows: (1) A was D.O.A. deceased property.		ate must be as released n accident	ior to deat
		This certificathe body we shows: (1) A	was D.O.A. deceased pr

	CM 000	4	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 0081
BIRTH NO.	67 008	T	CERTIFICA	ATE OF DEATH	Registered Na	OI OOOL
M.E. CASE NO.	CEASED			2. DATE AN	ID HOUR OF DEATH	
(Type or Print)	Mollie M.	McCann		Jan	2, 1967	18:30 A
PLACE OF DE	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Whe	re deceased lived. Il ins	stitution: residence before admissi
				Maryland	ITY	
HOSPITAL OR		or institution,	give street		taido ait. Ilmita unito B	URAL and give township)
NOITUTITZNI					•	UKAL ond give township)
00	Gould Conve	lasari	ım	Baltimore D. STREET ADDRESS (IF	rurol, give location)	12-00
90			-		land Avenue	21 21 0
- S EX	6. RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	21218
F	White	WIDOWE	D, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
-			ried	Feb 14, 1881	85	1 1 1
	SUPATION (Give kind of work I working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	None	No	ne	Maryland		U.S.A
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	U.D.A
	George Rei	م[مم		Wisner		
E W D			15 / 200111			
Yes, no or unknow	d Ever in U. S. Armed Formul (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.	No		218-18-3312-1	James Litzing	rer - 901 W	38th St. 21211
18.44	0.01		1	OF DEATH	002 116	INTERVAL BETWEEN
DISEA	ASE OR CONDITION DIR	ECTIV				ONSET AND DEATH
rise to II	OR CONDITIONS, if the abave cause (A)	ony, giving stating the				
UNDERLTIN	IG CONDITION last.					
E TO THE !	NIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO TH		o ma		$1\frac{1}{2}$ yrs.
U 19A. DATE O	F OPERATION TABLE CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES WERE E	INDINGS CONSIDERED
	WAS PERF			no	IN CERTIFYING CAL	ISES OF DEATH?
U 21 A. ACCIDI	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIB	BUTING CAUSE OF	horr etc.	e, form, foctory, street,	office bldg., INJURY OCCUR?		,
2						
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Wh	ile At Not Wh			
22 1	y that (*) (this hospital				19 51 to Jan	2, 19 57
			ne deceased frum	60		
	) lost saw the decease				at in (my) (our) aplr	nion deoth accurred on the
		ed abave. (	) (We) (did) (did not)	view the body after death.		
23A. SIGNAT	URE ///	111 1	70,			23B. DATE SIGNED
	2 Ellen	TI,	M.D. At	tending Med. ys. Director	Stolf Phys.	1-4-67
23 C. PHYSICI		14		23D. ADDRESS	,	
NAME		20.00	M.D		AVE. BALTO	Ma or or o
14 BUBIAL 65	E. ELLSWORTH	COOK				
4A. BURIAL CR REMOVAL	EMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY of CI	REMATORY 24D. L	OCATION (Cit	y, town, or county) (Stot
Burial	Jan 5;	1967 S	t. Marys (Ham	npden) Ba	ltimore, Mar	vland
SA. DATE REC'I	D BY HEALTH DEPT.		OF REGISTRAR	256 FUNERAL DIRECTO	1	ADDRESS //
	JAN 5 1967	12 Pro. Pr	E. Jakoura	Hanh Ik	1est 8/4	+W36h St.
/S 150_PEV 1/1	146	- 4-3-0-3		122001011	2	



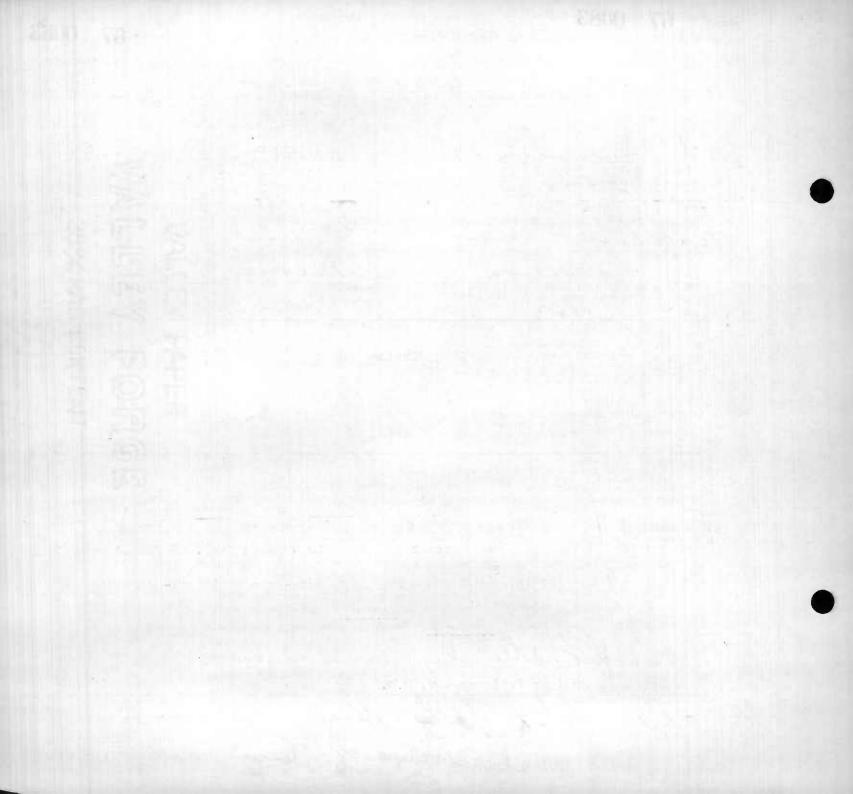
BALTIMORE CITY HEALTH DEPARTMENT	CH	0000
CERTIFICATE OF DEATH	Registered Na. 01	0082
PSON 14, USUAL RESIDENCE (Wh	3-1967	12:55
ve street Mapy.	and	d give township)
Eral Hosp 1418 B	attery AV	3014-0
BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or for	lost birthdoy) Months eign country) 12. CITI	Doys Hours
ired.  14. MOTHER'S MAIDEN NA	ingland.	AT COUNTRY?
6. SOCIAL SECURITY NO.	Molf So.	ADDRESS
CAUSE OF DEATH	1 - JAME	INTERVAL BETWEE
(A) ASPIRATION	PNEUMONIA	T
(B) SEPS15		7
(C)		
HICH OPERATION 20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
PLACE OF INJURY (e.g., in or about 21C. WHERE DID, lorm, factory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, giv	re exact location)
INJURY OCCURRED  Not While  At Work	JURY OCCUR?	
		3 19 Control on t
Med. Med.	23 B. DA	TE SIGNED 3-196
ham M.D. 1213 ligh	tast.	
ME OF CEMETERY OF CREMATORY (140.	LOCATION (City, town,	or county) (
REGISTRAR 250 FUNERAL DIRECTO	R	ADDRESS
	CERTIFICATE OF DEATH  2, DATE A  4. USUAL RESIDENCE (Wh A. STATE  C. CITY OR TOWN JUF o  C. CITY OR TOWN JUF o  D. STREET ADDRESS (II)  NEVER MARKIED DIVORCED (specify)  14. MOTHER'S MAIDEN NA  CAUSE OF DEATH  (A) DUE TO  (B) DUE TO  (C)  (C)  HICH OPERATION  PLACE OF INJURY (e.g., in or obout 21C. WHERE DID  Norm, foctory, street, office bidg., INJURY OCCUR?  INJURY OCCURRED  E At Not While DE AT NOT WHERE DID  (We) (did) (did not) view the bady ofter deoth, DEATH OF NOT WHEN DED IN NOT W	CERTIFICATE OF DEATH  Registered No. 07  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  2. A STATE  3. STATE  4. USUAL RESIDENCE (Where deceased lived: It institutions and a STATE  3. STATE  4. USUAL RESIDENCE (Where deceased lived: It institutions and a STATE  4. STATE  5. CITY OR TOWN (If outside city limits, write RURAL on the property of the continuity)  D. STREET ADDRESS (If truck, give location)  10. STREET ADDRESS (If truck, give location)  11. BISTHPLACE (State or foreign country)  12. CITY  14. MOTHERS MAIDEN NAME  17. INFORMANT  17. INFORMANT  18. COUNTY  19. CAUSE OF DEATH  19. CAUSE OF DEATH  10. SOCIAL  17. INFORMANT  18. STREET ADDRESS  19. CAUSE OF DEATH  19. CAUSE OF DEATH  10. STREET ADDRESS  10. AND HOUSE (State or foreign country)  11. BISTHPLACE (State or foreign country)  12. CITY  WHO  13. MOTHERS MAIDEN NAME  14. MOTHERS MAIDEN NAME  15. INFORMANT  16. SOCIAL  SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH  19. CAUSE OF INJURY (e.g., in or about 21C. WHERE DID  19. CAUSE OF INJURY OCCUR?  19.



BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 0083

NAME OF DECEASED  PHILLIP  MARIANO  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  A COUNTY  MARYLAND  2. DATE AND HOUR PRONOUNCED DEAD  January 3, 1967  4. USUAL RESIDENCE (Where deceased lived, If institution: respectively to the pronounced dead of the pr	10:30 P M. esidence before odmission
PHILLIP — MARIANO January 3, 1967  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  WARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL)	esidence before odmission)
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL)	esidence before odmission)
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL	ond give township)
	1-3 X
Union Memorial Hospital  Baltimore  D. STREET ADDRESS (II rurol, give locotion)	
1548 Wadsworth Way	
Male White 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors Widowed, DivorceD(specify) 3 27 - 38 lost birthdoy) Month	der I Yr. II Under 24 Hrs. S Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CIT WH  C E C E C G  WH  C C C C C C C C C C C C C C C C C C C	TIZEN OF HAT COUNTRY?
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BACK.	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (65, no brunknown) (If yes, give wor or dotes of service)  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT	ESS
AB. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying e.g., heart lailure, ostheria, etc. It means the disease. injury or complication which coused death.)  ANTECEDENT CAUSES	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION Yes 19A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	
21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UNING CAUSE OF DEATH.  218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact home, form, lactory, street, office bldg., INJURY OCCUR?  Etc.)  Street  Lock Raven Blvd. & The A	Alemeda 9-02
21D TIME (Month) (Doy) (Year) (Hourt P 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	-
(APPROX.) 1 3 '67 10:20 WHILE AT NOT WHILE X Auto-auto Accident - Dece	eased was Driv
22.	
I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opini	Ian
resulted fram: Natural causes Accident X Suicide Homicide Undetermined manner	
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
EXAMINER'S / Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER	1/4/67
33. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, lown, o	or county) (Slote)
4A. DATE REC'D BY HEALTH DEPT 248, NAME OF REGISTRAR 24C. UNERAL DIRECTOR	ADDRESS
JAN 5 1967 Relieb & Failure 616 -130 67	bala.
'S 151-REV. 1/1/65 N & 6 D . 2	L



VS 150-REV. 1/1/65

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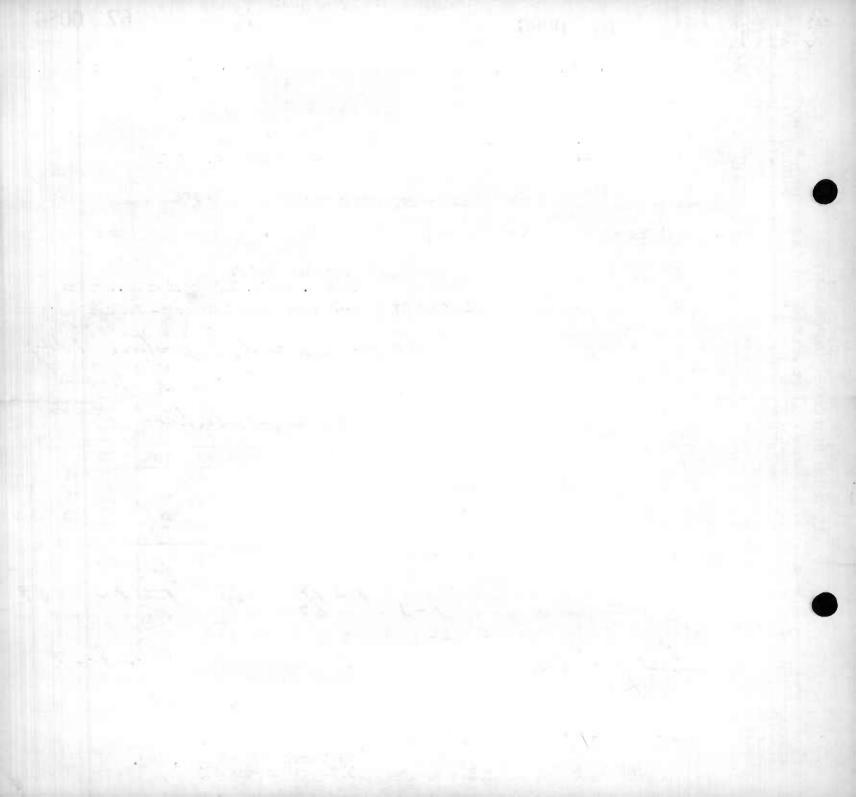
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DIRECTOR:

FUNERAL

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			BALTIMORE CITY	HEALTH DEPARTMENT	\/	CM 0000
BIRTH NO.	67 00	86	CERTIFICA	TE OF DEATH	Registered No.	67 0086
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	
Type or Print)	APPELL, Mrs. M	. 20		J.	in. 3. 1967	1 3 ./10 B
	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission
				A. STATE B. COL	YTAL	is AL P
FULL NAME			give street	MARYLAND		10 alto. Co.
HOSPITAL OR			CODITONI	C. CITY OR TOWN (If	outside city limits, write	RURAL and give township)
01	JENKINS MEM		OSPITAL	Baltimor	'e	53-00
91	1000 S. CAT			D. STREET ADDRESS		
	BALTO., MD	21229		115 Hopk	ins Rd. 212	12
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
F	White	Widow	D, DIVORCED (specify)	July 14,1888	lost birthdoy)	Months Doys Hours Min.
A. USUAL OCO	CUPATION (Give kind of work		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	78 yrs	12. CITIZEN OF
	f working life, even if retired)	CLOT	HING BUSTNESS			WHAT COUNTRY?
SEAMS	TRESS	(Seam:	stress )	Baltimore,	Md	USA
FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
Tono	anda V 7					
	ph Kral	?	1 6. SOCIAL	Caroline Ru	zicka	ADDRESS
es, no or unknow	(If yes, give wor or date	es of service)	SECURITY NO.	17. INFORMANT Irma G. Kraf	t, 113 Hopki	ns Rd., neice
No			214 03 1837	M. Kohlen Ma	diasi Dasand	s- Jenkins Mem'l
1B. 17 /	A V/ I		CAUSE O	F DEATH	olcal record	INTERVAL BETWEEN
PICE	C C COUDITION DI	AF CTI V		/	. 10	ONSET AND DEATH
DISEA	ASE OF CONDITION DI	RECTLY	110	less of a a l.	1 71.	- Kei I dun
(This does	not mean the made of	dvina a a	DUE TO	ogo ego ac	in sign	auser lary
heart foilure	, asthenia, etc. It meons	the diseose,		1	0 -	
injury or co	mplication which coused	deoth.)	111	6-10-1	ent me	geons
	ANTECEDENT CAUSES		DUE TO	o-corey (		2//
DISEASES	OR CONDITIONS, if	ony, aivina	.//	1.1.	11 114	years
rise to th	he obove couse (A)			ours !	Jewin	7 /
UNDERLYIN	IG CONDITION lost,			,		
	ll l					
	NIFICANT CONDITIONS					
DISEASE OF	DEATH BUT NOT RELA R CONDITION CAUSING I		16			
19A. DATE O			WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED
	WAS PER	FORMED			IN CERTIFYING CA	MUSES OF DEATH!
21 A. ACCID	ENT WAS UNDERLYING	216	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	e City, give exact location)
	SUTING CAUSE OF fy medical examiner	hon		ffice bldg., INJURY OCCUR?		
2						
OF INJURY	(Month) (Doy) (Year)	(Hour) 218	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		Wi	nile At Not While			
				6 /3		
22. I certif	y that (1) (this hospital	l) ottended t	he deceased from	9 - 13	1966 to	- J 19 G
thot (l) (we	) last sow the decease	ed olive on	/ - J	19 4 ond	that in (my) (our) op	inion deoth occurred on the da
and hour or	nd from the causes sto	ted above. (	I) (We) (did) (did not) s	riew the body ofter deatl		
23A. SIGNAT	/1 /	3	2 ( 3 ) ( 3 ) ( 3 ) ( 3 )	1110 0007 01101 00011		23B, DATE SIGNED
11/	11 1 1 1	1 11	M.D. Atte	ending Med.	Stalf	1-3-67
un	1 Prom	Jely	Phy	s. Med. Director	Phys.	1-36/
23C. PHYSICI NAME	ANS /	10		23D. ADDRESS		
MAX	WEL RODRIGUEZ		M.D.	1424 Sulphur	Son Rd Ambard	31.0
-			AME of CEMETERY OF CR		Spr.Rd-Arbut	
REMOVAL	(Specify) 248. DATE	24C. N	ANIE OF CEMETERY OF CR	EMAIORT 24D.	LOCATION	ity, town, or county) (State)
	1/6/67	F	onlarged Compt	OMIL	Manuland	
Burial SA. DATE REC'I	D BY HEALTH DEPT.	25B. NAME	arkwood Cemete	25C. FUNERAL DIRECT	Maryland	ADDRESS
	1001 -	2 9.	8 + 1 1	Sommunek Fr	ineral Home,	Inc.
	JAN 5 1967	OP Conto	E starbarta	3331 Brehms	Lane #13	
'S 150-REV. 1/1	/65					



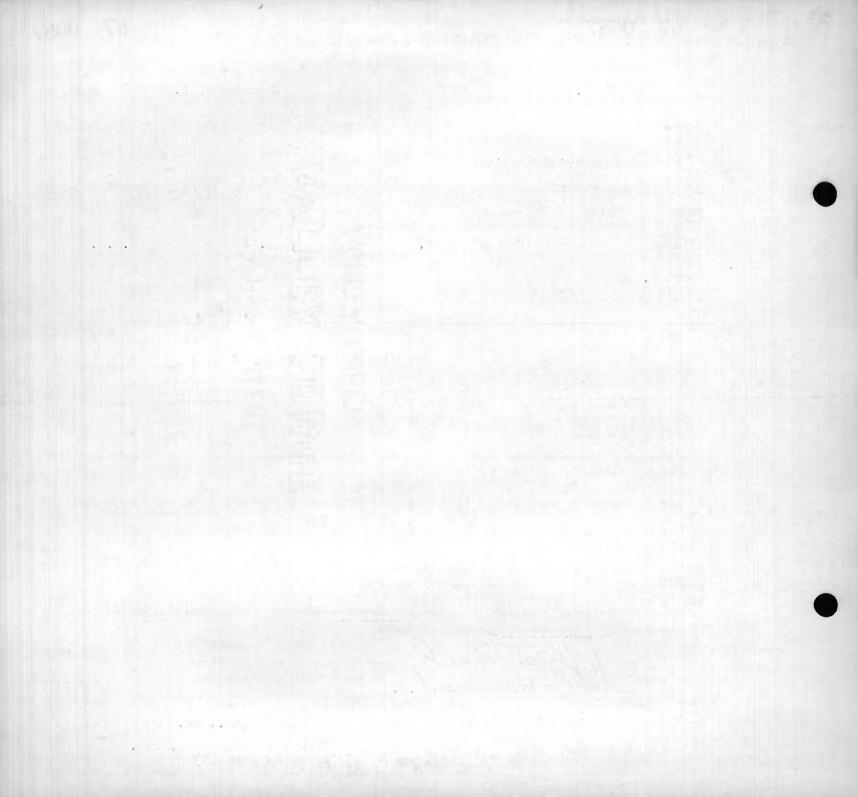
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

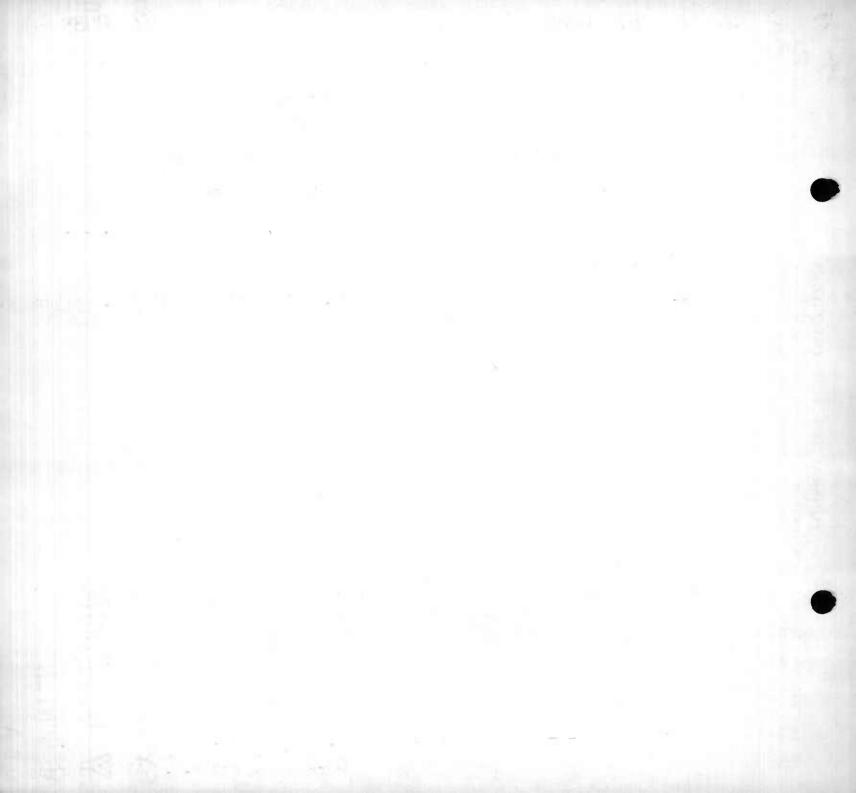
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

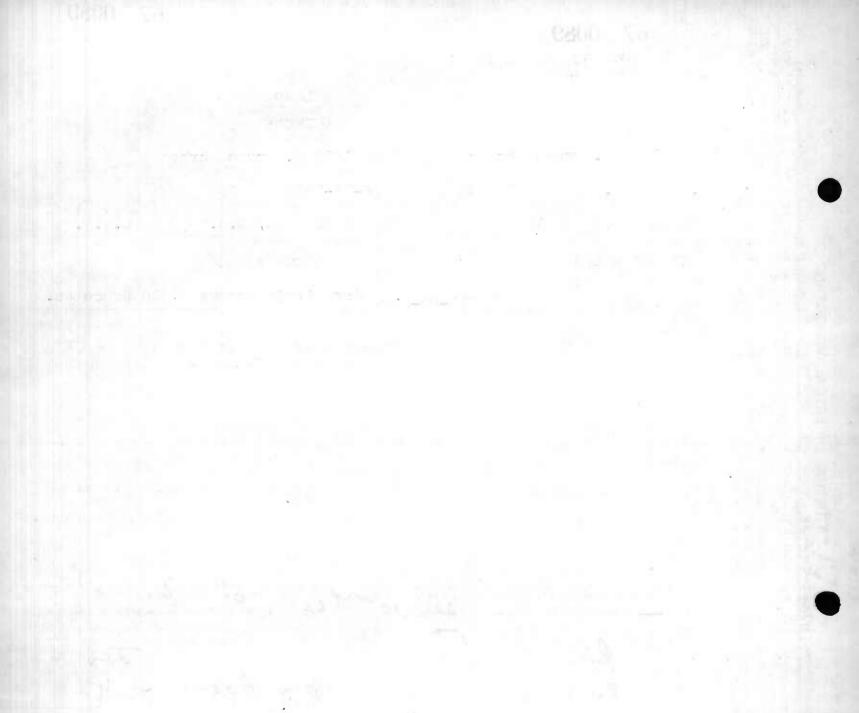
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V 10 1	CASE ITO.										
i. I	NAME OF DEC	EASED		5-1-9			2. DATE AND	HOUR PRONOUN	CED DEAD		
1 9 1		BERT F	7		BOEREN		Tanı	ary 4, 196	67 1	3:30	A M.
. P	LACE IN BALT	MORE MAR	LAND, WI	IERE PRONOL		4. USUAL RESID	ENCE (Where	eceosed lived. If in B. CC	stitution: resid	ence before o	dmission)
							ryland	8. CC	TINUC		
UI	L NAME OF	(IF NOT I	N HOSPITA	L OR INSTITU	JTION, GIVE STREET			corporate limits, wi	ite RURAL on	d give townsh	nip)
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION								01	(1 ===		
	. 1						1timore		60	U.5	
,	Ur Ur	nion Men	norial	Hospit	al al	D. STREET ADD	RESS (If rurol,	give location)			
-	77					33	11 Kenvo	n Avenue	#3	_3	
. S	EX	6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	s If Under	1 Yr. If Unde	
				WIDOWED,	DIVORCED (specify)				Months	Doys   Hours	Min.
	Male	White		marri		April 1	15, 1930	36			
	USUAL OCCU			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	N OF COUNTRY?	
	oliceman		ii ii reiireo;	City o	of Balto.	Baltimor	e. Md.		U.S	.A.	
3. 1	ATHER'S NAM	E				14. MOTHER'S M	AIDEN NAME				
a	lhout I	Page				Dolores	Cohaman				
	lbert J.			1000113	1/ (0.6) 41		Schullan	11	ADDRESS		
	VAS DECEASEI , no oi unknown)				16. SO CIAL SECURITY NO.	17. INFORMANT	nee Smo	ot)	ADDRESS		
	10					Marjorie	Boeren	, wife, ab	ove		
_	18. // 0				CALLET			,		INTERVAL BE	TWEEN
	4.0	0,01			CAUSE	OF DEATH				ONSET AND	
	DISEAS	E OR CONE	ITION DIR	ECTLY							
		LEADING T			(A) Arteri	oscleroti	c Heart	Disease			
	heort foilure,	ot meon the osthenio, etc. aplication which	mode of	dying, e.g.,	DUE TO						
	injury or con	nplication which	ch coused d	eoth.)			-				
	A	NTECEDENT	CAHCEC								
		OR CONDITI			(B)						
	RISE TO TH	E ABOVE CA	USE (A) ST		DUE TO						
	UNDERLYIN	IG CONDITION	ON LAST.		(6)		3				
<u>S</u>					1 🔾 /		•••••				
Ē		- 11									
ું		VIFICANT CO DEATH BUT									
三		CONDITION									
2	19A. DATE OF	OPERATION			WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE			
O	)		WAS PERF	ORMED		Ye		N CERTIFYING CA	OZEZ OF DEX	Ye Ye	S
¥	21 A. EXTERNA	CAUSE WA	S	218	PLACE OF INJURY (e.g.,			in Boltimore City.	give exact los		
<u>S</u>	UNDERLYING			home etc.)	, form, factory, street, a	ffice bldg. INJURY	OCCUR?	- "			
	UTING CAU	SE OF DEATE	1.	1616.7							
Σ	21 D TIME	(Month) (D	oy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJU	RY OCCUR?			
	OF INJURY (APPROX.)			V	VHILE AT NOT	WHILE					
				m. V	VORK LAT W	ORK					
	22.	ify that I he	ld an Ir	auiry	Inspection Aut	apsy X and	d that an this	basis, death in	my apinlan		
					_						
	resul	ted fram: N	atural cau	ses X	Accident Suicid	Hamici	ide U	ndetermined man	ner		
		1/	11	*	7 ()	CHIEF M	EDICAL EX	AMINER		DATE SIG	CNED
	ACTUAL		11/20	of Cu	Kul	ASSISTANT M	EDICAL EX	AMINER X		DATE SIC	SINED
	SIGNAT	. 110	4								
	EXAMIN		diger	Breite	necker, M.D.	ASSOCIATE M	IEDICAL EX	AMINEK		1/4/67	
) ? A	NAME (	, , ,	B. DATE		C. NAME of CEMETERY of	CDEAA ATOOV	220 10	CATION (Ci	ty, town, or o		(Stote)
	AOVAL (Specify						230. [0	CATION (CI	17, 10 WIL, 01 C	oomy,	010167
	Burial		1/7/67	]	Holy Redeemer	Cemetery	Ba	lto., Md.			
	DATE REC'D	BY HEALTH			OF REGISTRAR				т А	DDRESS	
	J	A &   -						eral Home,	Inc.		
			130/	Collect.	E Failwar	3334 I	Brehms L	ane #13			
21/5	151-REV. 1/1/	6 K		7			0 0				
A 2	131-KEV. 1/1/	0.0									



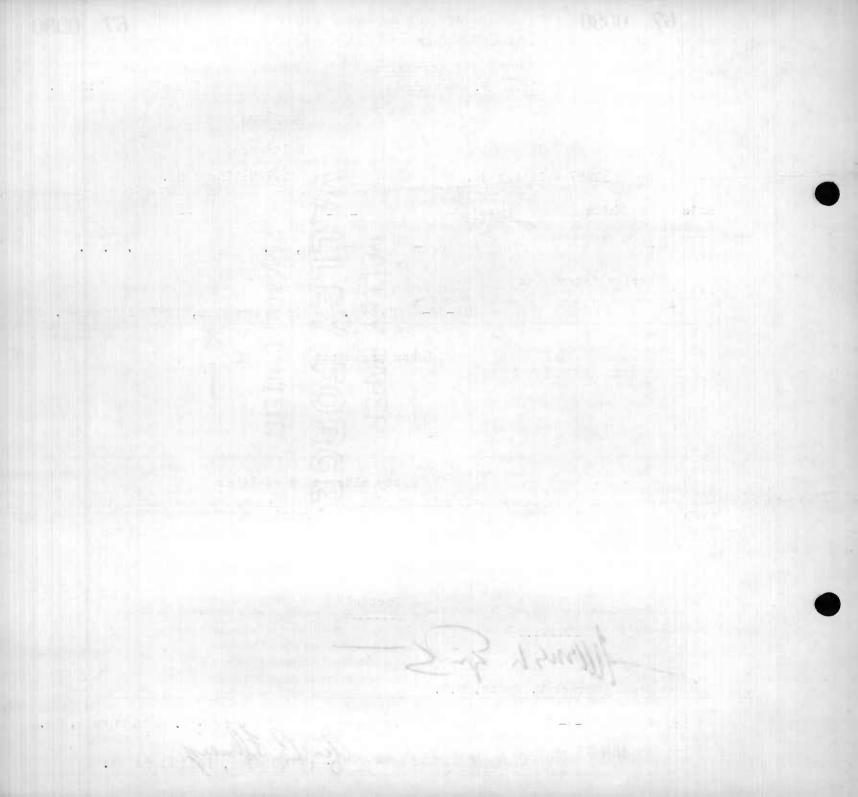
CM 0000	CATE OF DEATH Registered No. 67 0088			
1. NAME OF DECEASED (Type or Print) HOUSE, SMITH ELSIE  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before (dimission)			
FULL NAME OF (If not in hospital or institution, give street oddress or tocolion)  33	A. STATE  B. COUNTY /  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL ord give township)  Baltimore  D. STREET ADDRESS (If rurol, give locotion)			
The Johns Hopkins Hospital	808 St. Paul Street			
5. SEX 6. RACE 7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specification)  Female Negro Single  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDU	9/23/11 55  JSTRY 11. BIRTHPL CE (State of foreign country) 12. CITIZEN OF			
done during most of working life, even if retired)	BALTIMORE, MARYLAND U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Allen Smith  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  No.	Alice Demby  17. INFORMANT  Mrs. Alice Fulghun 1346 W. Mosher S			
heort foilure, osthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	CARCINOMIATOSIS Ca. 3 mos.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) injury occur?			
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	While Work			
22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) lost saw the deceased above. (I) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (did) (did rand haur and fram the causes stated above. (II) (We) (did) (di	Attending Med. Stoff Phys. 23D. ADDRESS			
Sherard Hayes  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY ( REMOVAL (Specily)	The Johns Hopkins Hospital  CREMATORY  24D. LOCATION  (City, fown, or county)  (Stote)			
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 150-REV. 1/1/65	Porton & Dyett F.H. 1701 Laurens			





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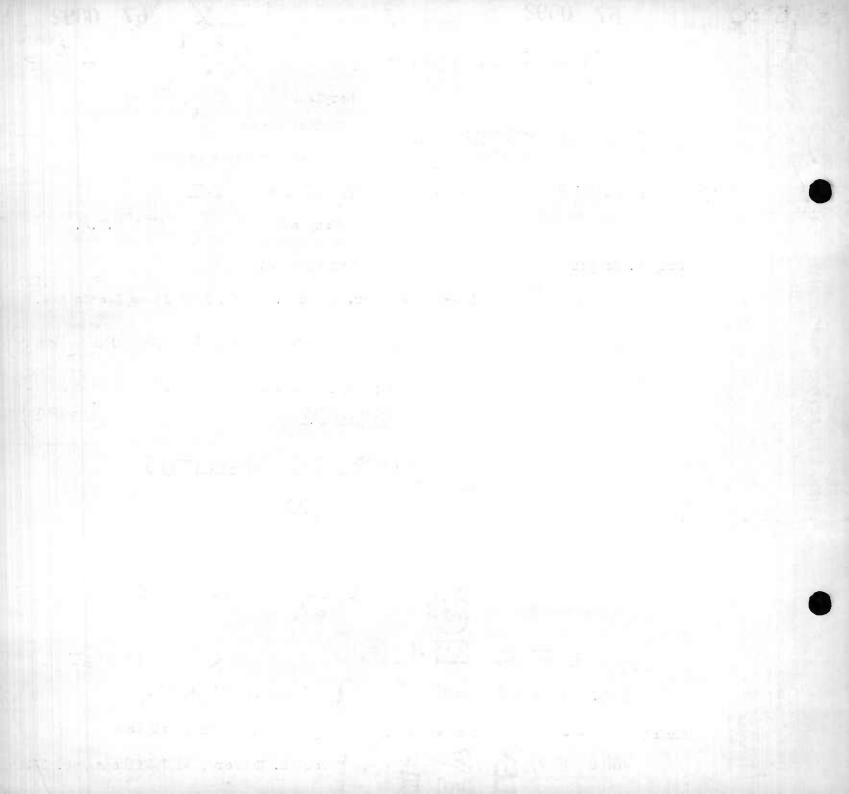
BIRTH NO.	MEL	ICAL E	KAMINEK 3 C	EKHILICA	IE OF D	EAIH Registe	red No	
M.E. CASE NO	о.							
1. NAME OF (Type or Print)	DECEASED		Osterholt	Z	2. DATE AND	HOUR PRONOUNC	ED DEAD	
	iW	.1liam :	P. Osterholz			1/3/6	57	12:50 p. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY  Maryland					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
0				D. STREET ADDI	Baltimo:		-	0,5
1287 Williams St.		St.	1287 Williams St.					
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTI		9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Hrs Doys Hours Min.
male white Married		ried	9-25-11 55					
	CCUPATION (Give kind of wo of working life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZE	N OF T COUNTRY?
Labo			& Decker	Savannal	ı. Ga.			S. A.
3. FATHER'S N	AME			14. MOTHER'S M				
C	harles Osterh	oltz		Anı	na Davis			
15. WAS DECE	ASED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	20120		ADDRESS	
No	Swiftin yes, give wor or ac	es or service/	218-03-4992	Mrs. Bess	sie Oste	rholtz, 12	287 William St. 30	
18.	10 Y		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION D	IRECTLY						ONSET AND DEATH
	LEADING TO DEAT	Н		oneumonia				
heart foil	es not meon the mode of ure, osthenio, etc. Il meon	t dying, e.g.,	DUE TO					
injury or	complication which coused	deoth.)			6-2			
	ANTECEDENT CAUS	ES						
	ES OR CONDITIONS, IF		DUE TO		•••••			• • • • • • • • • • • • • • • • • • • •
	LYING CONDITION LAST							
Z			(C)	•••••				
Ĭ	II II							
O TH	SIGNIFICANT CONDITIONS IE DEATH BUT NOT R E OR CONDITION CAUSIN	ELATED TO T	HE Fatty	y alterati	on of 1	iver		
19A. DATE		NDITION FOR REFORMED	WHICH OPERATION			OB. IF YES, WERE FILE		
O UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB-	218. home	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or obout 21C. W	HERE DID (II	f in Boltimore City, gi	ve exoct lo	cotion)
X TIME								
OF INJURY (APPROX.)			WHILE AT NOT AT W	WHILE ORK	OM DID INJUI	RY OCCUR?		
22.	certify that I held on	Inquiry 🗌	Pai	rtial	that on this	bosis, deoth In n	ny opinion	
re	sulted from: Notural co	uses X	Suicid	e Homici	de 🗌 Uı	ndetermined monne	er 🗌	
	111111	, 1	- 1/-	CHIEF MI	EDICAL EXA	MINER		DATE SIGNED
SIGNATURE MANY L. SM		Gm Cun	M.D. ASSISTANT MEDICAL EXAMINER X				DATE SIGNED	
EXA	MINER'S	U. Spit:	1	ASSOCIATE M				1/3/67
23A. BURIAL	CREMATION, 238, DATE		C. NAME of CEMETERY of	t CREMATORY	23D. LO	CATION (City,	town, or c	ounty) (Stote)
Buria	ecify)		Glen Haven Ce			shie Hwy.		
24A. DATE REC	O'D BY HEALTH DEPT.		OF REGISTRAR	- /-	AL DIRECTOR	the i		DDRESS
	JAN 6 196	7 Roles	& E. Farley	(An	ोहिन्सी enfi	no. 1422 L	ight S	t.



VS 150-REV. 1/1/65

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VS 150-REV. 1/1/65



			BALTIMORE CIT	Y HEALTH DEPARTM	ENT		CM	0000
NRTH NO.	67 0093		CERTIFICA	ATE OF DEA	TH Reg	gistered No	07	0093
NAME OF DEC	EASED MARTIN	rx LaMart	ina)Arzy	2. D	ATE AND HOU	1 9 DEATH	7 1 3	XI P
	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE	E (Where deced	osed lived. Il institu	ution: residence	before odmission
HOSPITAL OR	oddress or locotio	or institution, give n)	street	C. CITY OR TOWN	* (If outside cit	y limits, write RUR	AL and give to	wnship)
40	Sinai	Hosp.		D. STREET ADDRESS	A	ve tocotion) NER	AVE	
SEX 9	6. RACE		VER MARRIED VORCED (specify)	B. DATE OF BIRTH	9. AGE lost birt	(In veors	Under 1 Yr.	tf Under 24 Hrs. Hours Min.
ione during most of	UPATION (Give kind of wor working tile, even if retired)	TOB. KIND OF BU	INESS OR INDUSTR	Baltimo		ntry) 1	2. CITIZEN OF	NTRY?
3. FATHERS NAA	Charles	s Cox		14. MOTHER'S MAID	unknown		110	
	Ever in U. S. Armed Fo		SOCIAL SECURITY NO.	17. INFORMANT	Rec.		ADDRE	\$\$
18> =	2 1 1 1		CAUSE	OF DEATH				AL BETWEEN
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY		CVA				AND DEATH
heort foilure,	not mean the mode of osthenio, etc. It means application which coused	the diseose,	DUE TO					5
	ANTECEDENT CAUSES		(B)	***************************************				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
rise to the	OR CONDITIONS, if e obave couse (A) G CONDITION lost.		(C)			***************************************		***************************************
E TO THE D	IFICANT CONDITIONS ( EATH BUT NOT REL CONDITION CAUSING	ATED TO THE						
		DITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Ye	es or No) 20B. IN C	IF YES, WERE FINI ERTIFYING CAUSE	DINGS CONSIDER OF DEATH?	ERED
OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF medicol exominer	218. PLA home, fi etc.)	CE OF INJURY(e.g., orm, loctory, street, o	in or obout 21 C. WHERE office bldg., INJURY OC	DID CUR?	(II in Baltimore C	ity, give exoct	locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E, INJ While A	URY OCCURRED  Not Whi At Work	ile 🦳	OID INJURY O	CCUR?		
22. I certify	that (1) (this hospita	I) attended the d	eceosed from	1777	.19 6	ta /	/3	19 67
	last saw the decease		1 3	19 67		ny) (our) opinio	n death occu	,
ond hour one	d from the couses sta	ted obove. (I) (W	e) (did) (did not)	view the bady ofter	de oth.			
23A SIONATU	JRE					23	B. DATE SIGNE	D
220-24201014	too o	Lon	M.D. At	ys. Med. Directo	Stoll Phys.	<	1/3/	17
NAME (T			M.D.		Sinai Ho	sp.	,	
Burial CRE REMOVAL (Burial	MATION, 24B. DATE Specify) 1/6/19		of CEMETERY of CE		24D. LOCATIO	ltimore,	town, or county	) (Stote)
	JAN 6 1967	258. NAME OF R		25C. EUNERAL DI		4611 Par	ADD	cs Ave .
/S 150-REV. 1/1/		465000		Je i joinon	201011101	-		

La La Maria Linda Linda

A SECTION OF STREET SEASON ASSESSMENT OF SECTION OF SEC

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IMPORTANT

DIRECTOR:

FUNERAL

4. USUAL RESIDENCE (Where deceased lived, If institution: resi (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA DEC ID ADDRESS HOSPITAL SLIP-ST. AGNES HOSPITAL ONSET AND DEATH 208 JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 19 67 to JANUARY 3. that W (we) last saw the deceased alive an JANUARY 3 19 67 and that in (XX (aur) apinian death accurred on the date 23B DATE SIGNED 1/03/67 BALTO., MD. 21229 PITAL-CATON & M ds ADDRESS TO. VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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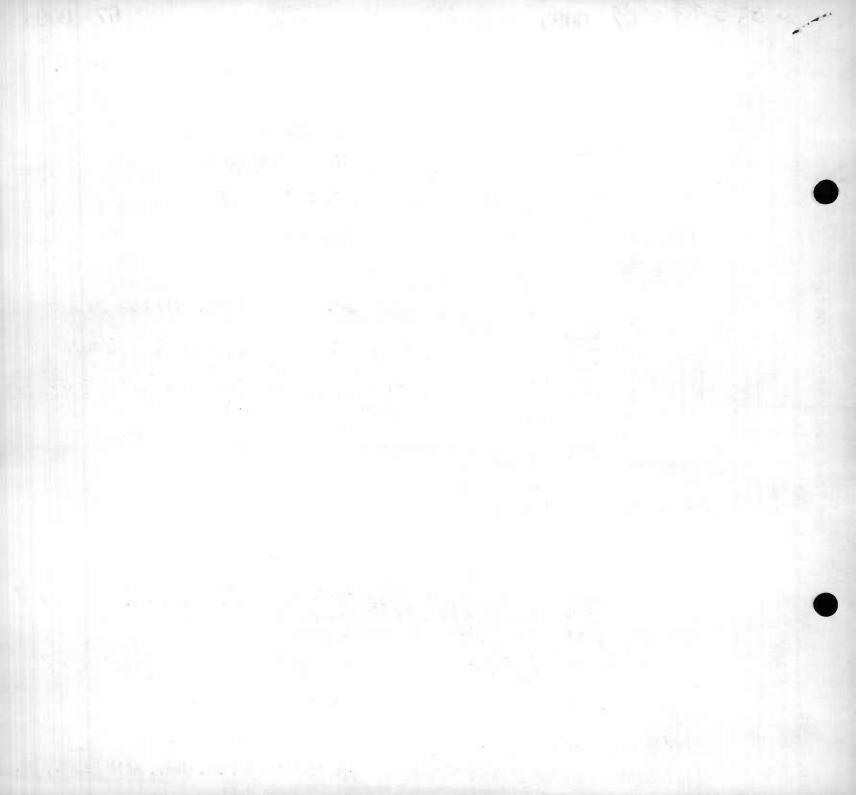
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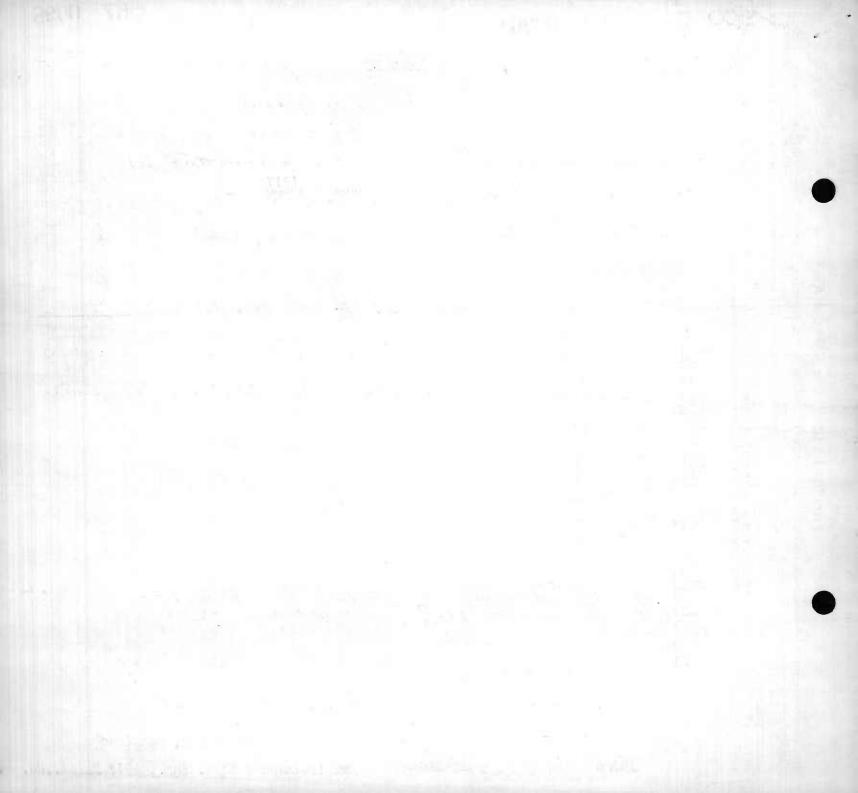
A TANDANS (THE DESCRIPTION OF

.T2-41.2 71 ---

OOO -	BALTIMORE CITY HEALTH DEPARTME	NT	67 009
o. 67 0095	CERTIFICATE OF DEAT	H Registered Na.	07 003
OF DECEASED	2. DA	TE AND HOUR OF DEATH	
Print) Margaret Stein	Tay	nuary 1, 1967	6:25 P.
Margaret Stein E OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE		stitution: residence before admiss
NAME OF (If not in hospital or institution, given and the control of the control		(If outside city limits, write	RURAL and give township)
	Baltimore D. STREET ADDRESS	(If rurol, give location)	1-20
00 6114 Biltmore Avenue	6114 Bilton	nore Avenue	
6. RACE 7. MARRIED, N	EVER MARRIED DIVORCED (specify)  B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
ale White Widow	May 1. 1891	75	10013
AL OCCUPATION (Give kind of work 108. KIND OF B	USINESS OR INDUSTRY 11. BIRTHPLACE (Stote		12. CITIZEN OF
ng most of working life, even if retired)			WHAT COUNTRY?
isewife At Hon	ne Czechoslov	NAME	USA
	14. MOINER'S MAIDE	I INDIVIE	
stav Pick	Rosa Nalos		
Deceased Ever in U. S. Armed Forces?  or unknown) (If yes, give wor or doles of service)	6. SOCIAL 17. INFORMANT		ADDRESS
, co, g. co . c		our Characte 111	1 7: Physica Account
1 = 11 \ 1 1	CAUSE OF DEATH	ne caser, oll	4 Biltmore Avenue
DISEASE OR CONDITION DIRECTLY	1 A	,	ONSET AND DEATH
LEADING TO DEATH	Recheson + Pucc	1111111111111	i 3 mm//15
s does not meen the made of dying, e.g.,	Recurrent lucc	1111/11 11 CC F	1 3 /// ///
rl failure, osthenio, etc. It meons the disease, ty ar camplication which caused death.)	with meta	5+11/19,1	
	- Pucanmik r	11 h - 4 helm	111116 3411
ANTECEDENT CAUSES	DUE TO A	seifin-col	1110
EASES OR CONDITIONS, if any, giving to the obave cause (A) stating the	MUNICIPA	31/17/2011	v) Timy
DERLYING CONDITION last.	(C)	)00 00 00 00 00 jj obises - 0 0 mm	f
11			V
HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE EASE OR CONDITION CAUSING IT.			
DATE OF OPERATION 198. CONDITION FOR WH 198. CONDITION FOR WH WAS SERFORMED 11 MM		or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ACCIDENT WAS UNDERLYING 218, PL	ACE OF INJURY (e.g., in or obout 21 C. WHERE form, foctory, street, office bldg., INJURY OCC	DID (If in Boltimore UR?	e City, give exact location)
NJURY		D INJURY OCCUR?	
PROX.) While Work	At Work At Work		1
I certify that (I) (this hospital) attended the	deceased from // Fch	1957 to 24	14 196
(I) (we) last saw the deceased alive an	F 2/16		
			nian death occurred an the
hour and from the causes stated abave. (I) (	we) (did) (did nat) view the bady after d	eath.	
SIGNATUREN HANDING H B.	/ 400 400 4 /	- c. n	238. DATE SIGNED
4 1111114 11.1)18	M.D. Attending Med. Director	Stoff Phys.	Jun2 1967
PHYSICIAN'S	23D. ADDRESS		10
	M.D. 1401 Do	etableton D	
	1401 Kez		the tame as a second to
MOVAL (Specify)	CO CEMETER OF CREMATORY	HU, LOCATION (C)	ity, town, or county) (Sto
rial 1/3/67 Mt.	Moriah	New Tonson	
TE REC'D BY HEALTH DEPT. 258. NAME OF		ECTOR	ADDRESS
LANC COCT OO BE	Frederice Sol Levins	on & Bros. Inc	. 6010 Reist.
REV. 1/1/05/AN 6 1907 (1.452)	2000		
Dr. Harold Bix  RIAL CREMATION, 24B. DATE 24C. NAM  MOVAL (Specify)  1/3/67  TE REC'D BY HEALTH DEPT. 25B. NAME OF	Phys. Director  23D. ADDRESS  M.D. 1401 Red  RE OI CEMETERY OF CREMATORY  MOrich  REGISTRAR  25C. FUNERAL DIR	Sterstown Road  About Jersey	ity, town, or county)  ADDRESS



		BALTIMORE	CITY HEALTH DEPARTMENT	67 0000
SIRTH NO.	67 009	6 CERTIFI	CATE OF DEATH Res	gistered Na. UUSO
M.E. CASE NO.	EASED		2. DATE AND HOL	IR OF OEATH
(Type or Print)	3000000	MAN CONTRACTOR	MINIMA (1944)	1 1917 14 P.
3. PLACE OF DEA	TH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE I Where deced	sed lived. If institution: residence before admission
			A. STATE B. COUNTY	O A B P
FULL NAME O	F (If not in hospital or in oddress or location)	nstitution, give street	mary land.	12126.00
INSTITUTION	0001033 01 1000110117		C. CITY OR TOWN (If autside cit	y limits, write RURAL and give tawnship)
100			Bultimore	53-00
	11 -11	CP11	O. STREET ADDRESS (III rural, gi	ve lacation)
Sinas	Hospital o	+ Baltimore	. 3209 Northm	
i. SEX	6. RACE / 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCEO (specif	(y) 8. OATE OF BIRTH 1917 9. AGE	(In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Fe-	Cauc.	mourtell	MMMMMMMMMM	9
	JPATION (Give kind of work 108 working life, even if retired)	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or foreign cour	12. CITIZEN OF WHAT COUNTRY?
		A.4. 11	2 04'	
3. FATHER'S NAM		At Home	Baltimore, Maryl	land USA
Nathar	n Erkes		Annie ?	
5. Was Occoosed Yes, no or unknown	Ever in U. S. Armed Farces?	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		212 11/24	(di) Un Vounce Boum 3	2200 Martleman + Dand 40
1B. 7 4	2/1	CAU	ISE OF DEATH	3209 Northmont Road #9
DISEAS	SE OR CONDITION DIRECT	TIV		ONSET AND DEATH
	LEADING TO DEATH		Renal Failer	11 5 0000
	ol mean the mode of dy		O Share Shar	Andrew State of Sunsan State of Sunsan Sunsa
	osthenio, etc. It meons the optication which caused dec		DA i	1
	ANTECEDENT CAUSES	(B)	You custic kin	Iners consental
		OUE TO	3	1
	OR CONDITIONS, if any, above couse (A) sta			
	CONDITION Iosi.			
	/11			
O OTHER SIGNI	FICANT CONDITIONS CON	TRIBUTING		
DISEASE OR	CONDITION CAUSING IT.	) 10 INC		
19A. DATE OF	OPERATION 198 CONDITI	ON FOR WHICH OPERATION	20 A. AUTOPSY? IYes or No. 20B.	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
E   O	TO A STATE OF THE		No	
U 21A. ACCIDEN	NT WAS UNDERLYING TING CAUSE OF	218. PLACE OF INJURY	(e.g., in or about 21 C. WHERE DID eet, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
	medical examiner)	etc.)	, , , , , , , , , , , , , , , , , , , ,	
O 21 D. TIME	(Manth) (Day) (Year) (H	lour 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OF	CCUR?
OF INJURY			t While	
TATTION!		Work At	Work U	
22. I certify	that (1) (this hospital) at	ttended the deceased fram	11/12 1969	0 10 1 1 19 6 7
that (I) (we)	last saw the deceased a	live on		my) (aur) apinian death accurred an the dat
and haur and	from the causes stated	above. (1) (We) (did) (did )	nat) view the bady after death.	
23A. SIGNATU				23B, DATE SIGNED
60.	1/ 1/2	M.D.	Attending Med. Staff Phys. Director Phys.	1//2
23C. PHYSICIA	w & - yesse	ever	Phys. Director Phys. 5	- 1/1/67
NAME IT	ype)	1 01/	- 0	10
E	rwin H. F	tesselberg	M.D. Sinai Hoo	pital
24A. BURIAL CREA	MATION, 248. DATE	24C. NAME of CEMETERY	or CREMATORY 240. LOCATIO	(City, tawn, or county) (State)
		Chanta: 7	D - 0.4	time to Hater Pared
Burial 25A. DATE REC'D	1/2/67 BY HEALTH DEPT. 256	Shaarei Zio:	25C. FUNERAL DIRECTOR	timore, Maryland
	JAN 6 1967 (	10. 48 Sallow		ios. Inc., 6010 Reist., Rd.
/S 160 BEV 1/1/	TALES (	Many at many	SUL LEVANOUR & DA	wo. The, out recore, hu.
S 150-REV. 1/1/6	DJ CO			



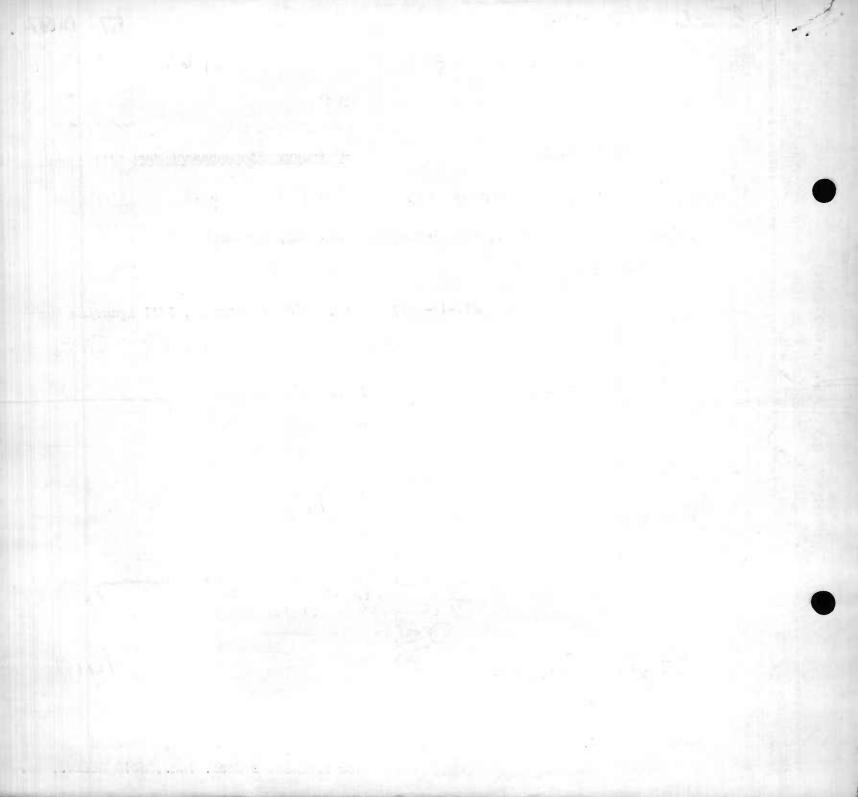
IMPORTANT

DIRECTOR:

FUNERAL

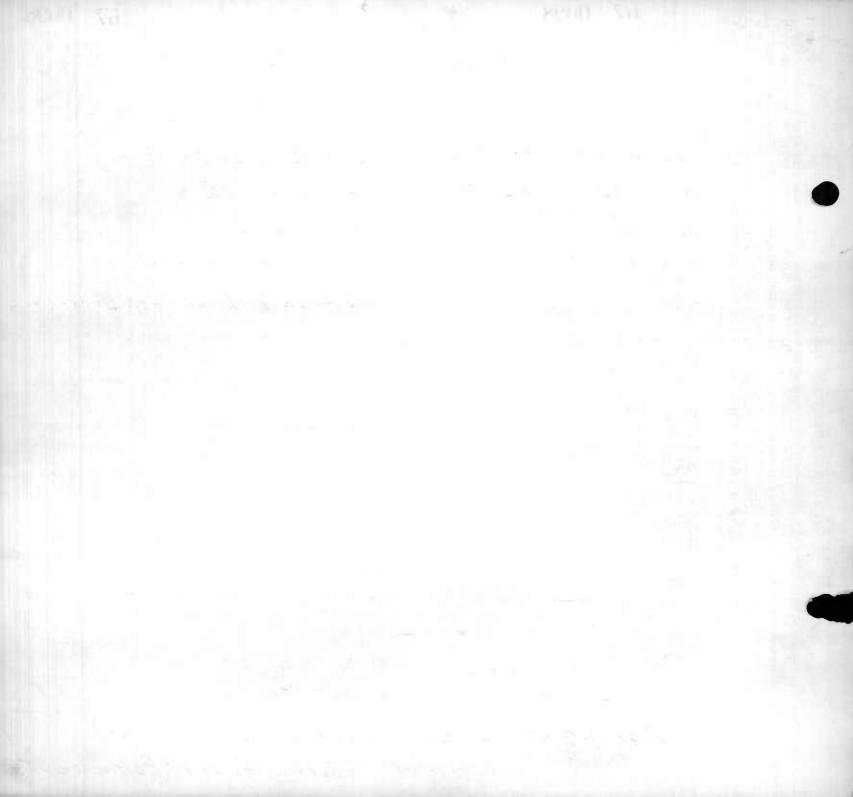
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BALTIMORE CITY HEALTH DEPARTMENT

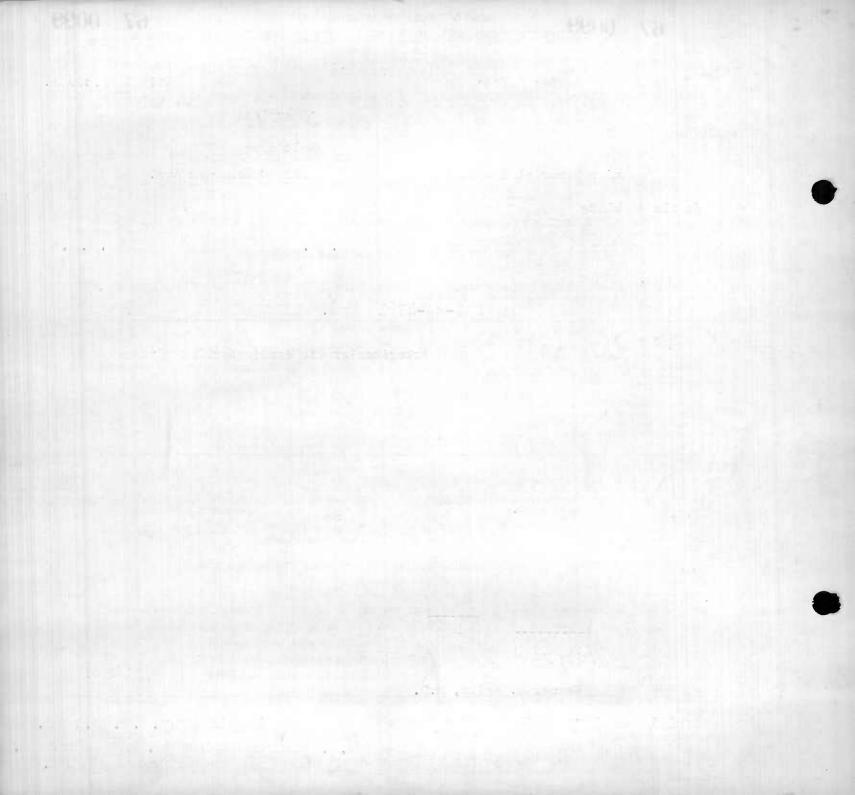


FUNERAL DIRECTOR: IMPORTANT	
This certificate must be appraved by the chiet medical examiner ar his assistant it death occurred in a hospital the body was released to the hospital by a medical examiner. Alsa, if the direct or contributina cause of death	red in a hospital a uting cause of de
shaws: (1) An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ed cause; (5) Deceas
was D.C.A. at a hospital (except where the physician who pronaunced death was in regular attendance on the deceased priar ta death. Sucl deceased priar to death); and (6) No physician was in regular attendance on the deceased priar ta death. Sucl	priar ta death. Su
written approval must be obtained befare the remains are embalmed or final disposition is made.	Je.

67 0098	BALTIMORE CIT	TY HEALTH DEPARTMENT		CM	0000
WRTH NO.	CERTIFICA	ATE OF DEATH	Registered Na	6/	0030
N.E. CASE NO.		2. DATE AN	D HOUR OF DEATH		
	EICHMAN	Control of the Contro	4 4	9	1
PLACE OF DEATH IN BALTIMORE MARYLAND	10/1/1/1	4. USUAL RESIDENCE (When	1.5,1967		2,
TEACE OF BEATH IN BACINORE MARIEAND		A. STATE B. COUN	ITY	Titution; residence to	elore admissi
FULL NAME OF (If not in hospital or institu	ution give street	14d. B1	2/70		
HOSPITAL OR address or location)	orion, give sheet	C. CITY OR TOWN (II out	tside city limits, write RI	URAL and give tow	(hin)
INSTITUTION			1	2	T
00		D. STREET ADDRESS (IF	rural, give lacotion)		/
144 N. DECKER	Ave.	14 %	= CKER	Ave.	
SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Days H	If Under 24 H
M. W MA	PRRIED (specify)	MH8. 13,1884	last birthday)	Months Days H	ours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN	ND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF	7040
one during most at working lite, even if retired)		1 211 21 /5	/	WHAT COUN	ITRY?
Met/Red		MARYIAN	$\alpha$ .		
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
and the same of the same of		man and and	Taggir again agains a	- 100	
5. Was Deceased Ever in U. S. Armed Forces? (es, no ar unknown) (It yes, give war ar dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	2
1/0		MRS ANNATE,	10 h 44 h 41 /4	4411/ Dan	Kons.
10 0	CAUSE	X1/0 /1 1/1/17 /E	TON MAN	110000	A CRITI
18.422,11		OF DEATH		ONSET A	ND DEATH
DISEASE OR CONDITION DIRECTLY	/1	6.5 0		.1 2	
LEADING TO DEATH	(A)	conary wien	unver	2 -10	no
(This does not meon the mode of dying,	e.g., DUE TO	<del></del>			
		1			
heort foilure, osthenio, etc. It means the dis	sease,	. I. Cardio	45'-	14 1.	
injury or complication which coused death.)	arten	· Lolerosis Vroce	ular Disen	ac Unk	nour
	(B) DUE TO	conany arten Co	ular Disen	ac Unk	non
injury or complication which coused death.)	DUE 10	: Solirosis, Vasca			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) sloting	giving	Perniciona an			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, g	giving	Pernitron an		a unk	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) sloting	giving	Perniciona an			
injury or complication which coused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the above cause (A) sloting UNDERLYING CONDITION lost.	giving (C) C	Perniciona an			
injury or complication which coused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the above cause (A) sloting UNDERLYING CONDITION lost.	giving (C) C	Perniciona an			
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) sloting UNDERLYING CONDITION Iost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving The (C)	Perniciona an	-mi	unks	1-12 W.Y.
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) sloting UNDERLYING CONDITION Iost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving (C) (C)	Perniciona an	-mi	unker	De La Maria
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Injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) sloting UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING	giving The (C)  UTING O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g.	Permitted and an account of the property of th	20B. IF YES, WERE FI	unker	ERED
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DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) slotting UNDERLYING CONDITION IS.  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CA	JUTING O THE  FOR WHICH OPERATION  218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	Permitted and an account of the property of th	20B. IF YES, WERE FI IN CERTIFYING CAU	INDINGS CONSIDI	ERED
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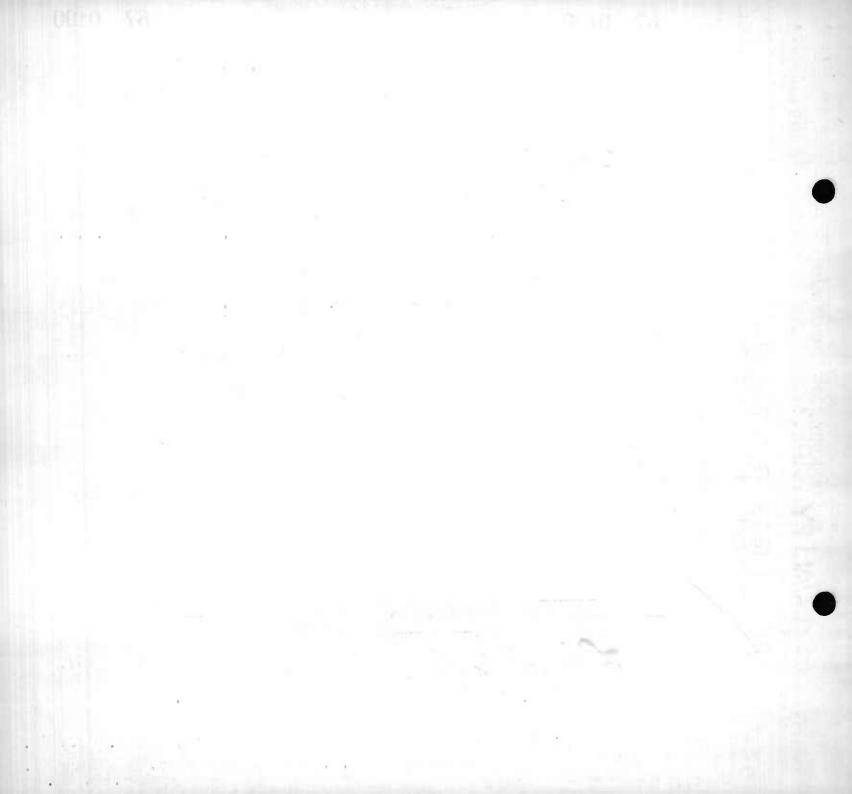


M.E. CASE NO.	MEI	DICAL EX	CAMINER'S C	EKTIFICA	IE OF L	JEATH Register	red No.
Type or Print	CEASED Loui	se A. Pet	t (Pette	rson)	2. DATE AN	HOUR PRONOUNCE	73/67   5:55 a.
B. PLACE IN BALT	IMORE MARYLAND,			4. USUAL RESI		deceased lived. If insti B, COU	tution: residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSE ADDRESS OR LO	TTAL OR INSTITU	JTION, GIVE STREET			e carparote limits, write	RURAL and give township)
44	III dan Mama	miol Haa	-: 1		Baltimor	give lacation)	/
	Union Memo					eenmount Ave	
female	white		NEVER MARRIED DIVORCED (specify) Wed	10/3/18		9. AGE (In years last birthday) 70	Months Doys Haurs Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF
TT	working life, even if retired SEWIFE AE		Home	N. C	MAIDEN NAMI		WHAT COUNTRY?
~ = ~							
SWAS DECEASE	Morck D EVER IN U.S. ARM	ED FORCES?	16. SO CIAL	Hele		gre	ADDRESS
	(If yes, give wor ar d		SECURITY NO. 217-20-4781		Willian	n Hall	(Same)
18.	- 1		CAUSE	OF DEATH			INTERVAL BETWEEN
DISEASES RISE TO TH UN DERLYII  OTHER SIG	MNTECEIDENT CAU OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAS  II NIFICANT CONDITION R CONDITION CAUSE R CONDITION CAUSE	SES ANY, GIVING STATING THE T. AS CONTRIBUTII RELATED TO T	(B) DUE TO (C)				
19A, DATE OF	OPERATION 198, CO	ERFORMED	WHICH OPERATION	20A. AUTOPS		208. IF YES, WERE FIN IN CERTIFYING CAUS	
UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., , farm, factory, street,	in ar about 21C. office bldg., INJU	WHERE DID (RY OCCUR?	If in Baltimore City, giv	ve exact lacation)
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Y		VHILE AT NOT NOT NOT NOT NOT NOT NOT	WHILE	JUN DID WOL	RY OCCUR?	
	tify that I held on	Inquiry 🗌	Inspection X Aut	opsy a		s bosis, deoth in m	
resul	ted from: Notural	ouses X	Suicid			Indetermined monne	er
ACTUA		Is ha	S./_M.D	ASSISTANT	MEDICAL EX MEDICAL EX		DATE SIGNED
EXAMIN NAME (	IER'S	ner U. Sp	Ja.		MEDICAL EX		1/3/67
SA. BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY	CREM ATORY	23 D. L	OCATION (City,	tawn, ar county) (State)
Burial	1/7/1		Holy Cross	IT LEFT		chie Hywy	.A.A.Co., Md.
4A. DATE REC'D	JAN 6 1967	Police !	OF REGISTRAR	H.W.J	enkins		. 4905 York Ro
		9			13 1 1	Darti	more 12. Md.



V\$ 150-REV. 1/1/65

	BALTIMORE CI	TY HEALTH DEPARTMENT	0400
BIRTH NO. 67 0100	CERTIFIC	ATE OF DEATH Reg	istered No. 67 0100
M.E. CASE NO.	3	2. DATE AND HOU	R OF DEATH
Type or Print)	Cabi ass		
Beta PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceo	1967   2:00 A
		A. STATE B. COUNTY	0 0
FULL NAME OF (If not in hospital or HOSPITAL OR oddress or location)	institution, give street	Maryland	1-0
INSTITUTION			limits, write RURAL and give township)
		Baltimore	
90 Ardleigh	Nursing Home	D. STREET ADDRESS (If rurol, give	
		1502 Tunlaw R	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	lost birth	(In years II Under 1 Yr. II Under 24 Months: Doys Hours M
F W	Widowed		88
DA, USUAL OCCUPATION (Give kind of work 10 one during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or loreign coun	12. CITIZEN OF WHAT COUNTRY?
	Orma Hama	Doltsman Ma	
HOUSEWITE 3. FATHER'S NAME	Own Home	Baltimore, Md.	U.S.A.
Unknown		Dorothea Pundt	
. Was Deceased Ever in U. S. Armed Forces es.no or unknown) (If yes, give wor or dotes o	1 6. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	220-07-192	Mrs. Dorothy L.	Collison (Same)
18.		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TIV		ONSET AND DEAT
DISEASE OR CONDITION DIREC		oni con l'annt i	1.
(This does not mean the mode of dy	(ing. e.g., DUF TO	eriosclerotic car vascular diseas	010- 15 yrs.
hearl failure, osthenio, etc. II meons th			е
injury or complication which coused de	oth.)	ebral thrombosis	2 mo.
ANTECEDENT CAUSES	DUE TO	SOLGI OHIOMINOSIS	
DISEASES OR CONDITIONS, if on	v, giving Mil	d diabetes	7
rise to the obave couse (A) st UNDERLYING CONDITION last.	oling the (C)		l yr.
11			
OTHER SIGNIFICANT CONDITIONS CON	ATRIBUTING		
TO THE DEATH BUT NOT RELATE			
	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208, I	F YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION WAS PERFOR	IMED	No IN C	ERTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID	(If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	
2) D. TIME (Month) (Doy) (Yeor) (		21F. HOW DID INJURY OC	CCUR?
(APPROX.)	While At Work At Wo	hile nk	
22. I certify that (I) (this bospital) o	1		to January 4, 196
		/ 1001	
that (I) (we) lost sow the deceased	olive on ocitivaly	19 <u>67</u> and that in(m	ny) (aux) apinian death accurred an th
and hour and fram the causes stated	abave. (1) (#e) (did) (did not)	view the bady after death.	
23A. SIGNATURE	100 1		23B. DATE SIGNED
Albert		Med. Stolf Phys.	1/5/1967.
23C. PHYSICIAN'S	LA CONTRACT	23D. ADDRESS	
NAME (Type)	Sorth		ATTA
Lloyd E	. Saylor M.	3902 Greenmount	Ave.
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATIO	N (City, town, or county) (S
Burial 1/7/196'	7 Danie	70 2	
	7 Parkwood	Parky:	ille, Balto, Co., M
JAN 6 1967 1	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 6 1967 J	Parkwood  B. NAME OF AEGISTRAR  Clieb E, Tailey	25C. FUNERAL DIRECTOR	ille, Balto. Co., M ADDRESS Bons Co.4905 York R Balto.12, Md.



		HEALTH DEPARTMENT	67 0104
MRTH NO. 67 01.01	CERTIFICA	TE OF DEATH Registered No.	01 0101
	1 - 10	2. DATE AND HOUR OF DEATH	
EMMA	Love	1-4-	67 2:00P
PLACE OF DEATH IN BALTIMORE, MARYLAN	.D	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence befare admissio
FULL NAME OF (If not in hospital or inst	itution, give street	Maryland	9-03
HOSPITAL OR oddress or location)	1 .11	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
MORCY H	ospita/	Baltimore  D. STREET ADDRESS (If rurol, give location)	
37			
. SEX   6. RACE   7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 H
w	DOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 108, N	Vidowed	9/23/1896 70 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
	wn Home	Frederick, Md.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles E. Zellers		Mary Baer	
b, Was Deceased Ever in U. S. Armed Forces? es, no or unknown] (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	216-05-03561	Kenneth C. Love, Jr. 5	815 Leith Walk
18.	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	ONSET AND DEATH
LEADING TO DEATH	(A) + RA	Reversible shock	4 hours
heart failure, asthenio, etc. It means the	, e.g., DUE 10		
injuly of complication which coused death		want They besie	
ANTECEDENT CAUSES	DUE TO	NARY INKOMPOSIS	100000 00000 00000 00000 00000 0000 00
DISEASES OR CONDITIONS, if ony,	giving	NARY Thrombosis	
tise to the obove couse (A) statis	g me (C) Sent	11411Zed /+KIEKINSCIPROS	45
III			
O OTHER SIGNIFICANT CONDITIONS CONTR			
DISEASE OR CONDITION CAUSING IT.			
WAS PERFORM	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID (If in Rolling	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg. INJURY OCCUR?	
)			
21D. TIME (Month) (Doy) (Yeor) (Ho	while At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.)	Work At Work		
22. I certify that (1) (this haspital) atte	nded the deceased fram	1-4 1967 to	1-4 1967
that (I) (we) last saw the deceased ali	ve an 1 - 4	19.4. 7 and that in (my) (aur) as	inian death accurred an the d
and haur and fram the causes stated at			
23A. SIGNATURE	(1) (1) (1)	Trow the budy driet decini	23B. DATE SIGNED
11. 11 R.		ending Med. Stoff	1-4-17
23C. PHYSICIAN'S	Mem Phy	23D. ADDRESS	1 1 - 6 1
NAME (Type)	/	M - 11 21/ R	11 100-1
PRANN L. DAR	nam	Mercy Hospital De	TIMORE, MIC
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR		City, town, or county) (State)
Burial 1/7/1967	Moreland Memo		Balto.Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. I	AME OF REGISTRAN	H. J. Jenkins & Sons	o. 4905 York Ro
JAN 6 1967 QL	san y		Balto.12, Md.
/S 150-REV. 1/1/65		<u>.</u>	row over a construction

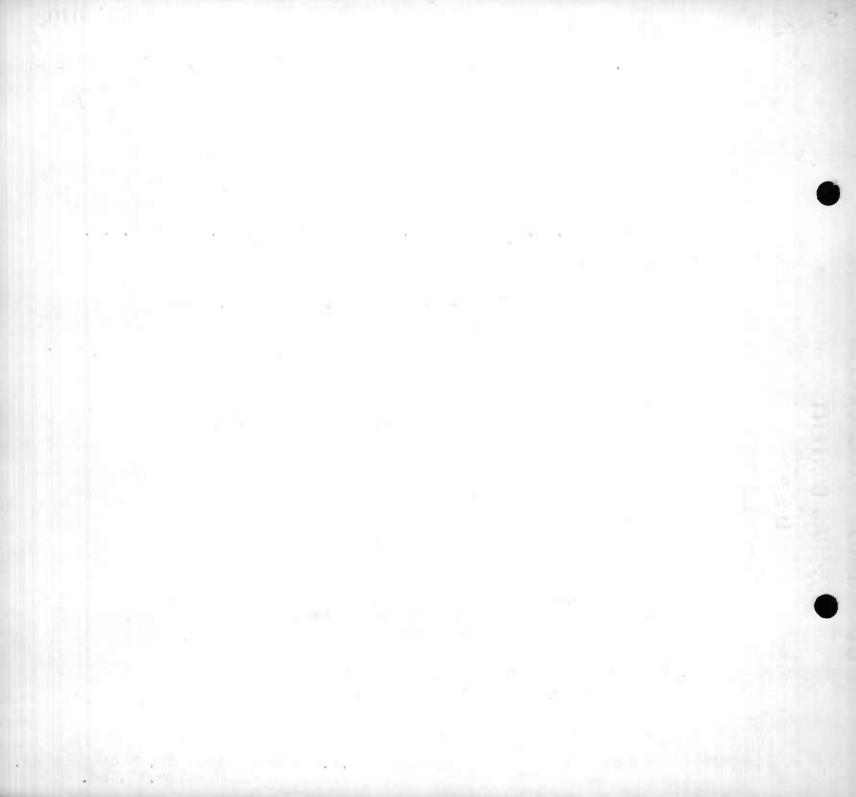
Eran on " LEVE WEREA HOODING - -IRREMASSIBLE SHEEK # # K. Coronary Three mocosis Consectional Representation Frank L. Barkern Mary Hospital Bellining FRANK L. BARham

IMPORTANI

DIRECTOR:

FUNERAL

medical



hospital cause 8 2 contributing death to the hospital approved the body

VS 150-REV. 1/1/65

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered No. lived. If institution: residence before admission) give townsh If Under 1 Yr. Manths Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED

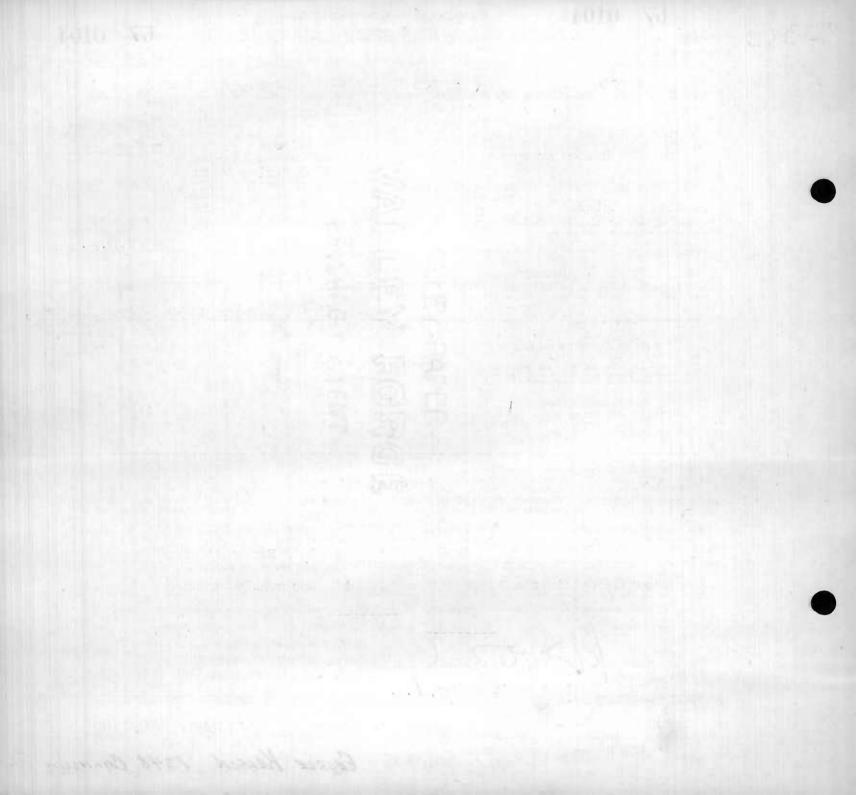
Colony and Market Barrell Hard Hard

VS 151-REV. 1/1/65

1 67 0104 BALTIMORE CITY HEALTH DEPARTMENT

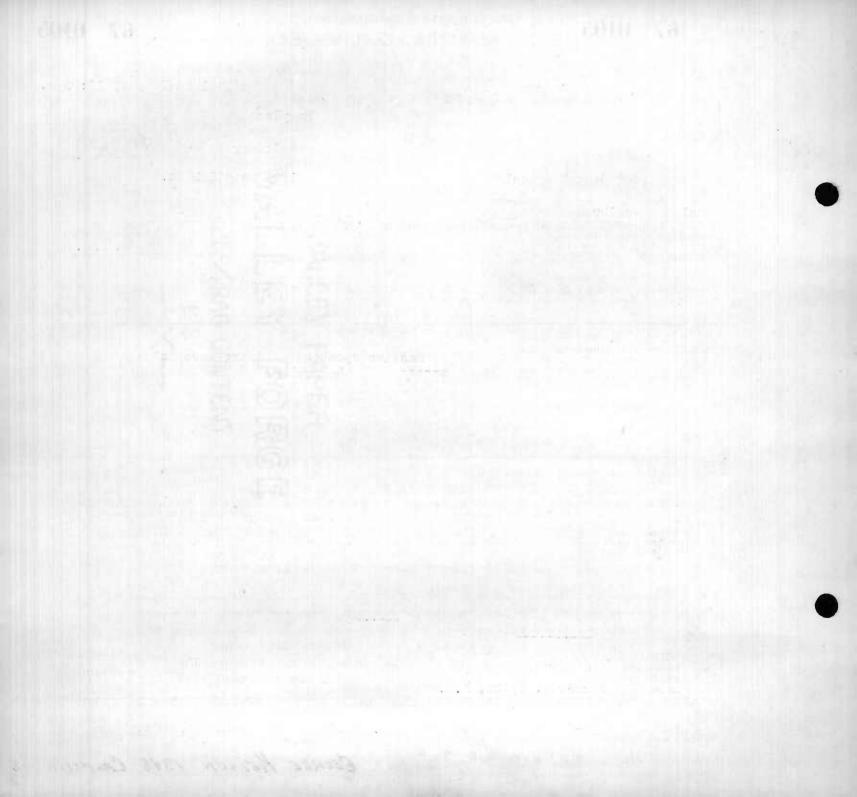
R-3 60 BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register 6 10 0104

M.E. CASE N	0.					27 (111	0701
1. NAME OF (Type or Print)	DECEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD
/ *	GEORGIA		HENDERSON F	leeder	Janu	ary 3, 1967	7:58 Pm.
3. PLACE IN E	BALTIMORE, MARYLA	AND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDE	ENCE (Where	deceased lived. If insti	itution: residence before odmission)
FULL NAME	OF UE NOT IN	HOSPITAL OR INSTIT	LTION CIVE STREET	Mar	yland		
HOSPITAL OR	ADDRESS O	R LOCATION)	DIION, GIVE SIKEEI	C. CITY OR TOW	N (If outside	corporate limits, write	RURAL ond give township)
INSTITUTION				Bal	timore	//-	-01
00	1043 Harle	em Avenue		D. STREET ADDR		give location)	)
				104	3 Harle	m Avenue	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
Female	Colore	1	DIVORCED(specify)	1 00 00	4	58	Months Doys Hours Min.
		WILL	F BUSINESS OR INDUSTRY	4-27-08	State or foreign		12. CITIZEN OF
	t of working life, even if						WHAT COUNTRY?
3. FATHER'S	JAAAE			Maryla 14. MOTHER'S MA			U.S.A.
13, FAITIER 3 I							
15	John Her		1		sy Rus	SS	
	ASED EVER IN U.S. own) (If yes, give wor		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
				Estelle	Thoma	son 21.39	Edmondson Ave,
1B	0110		CAUSE	OF DEATH	2110111	00011 ~4)/	INTERVAL BETWEEN
4	7/010						ONSET AND DEATH
DIS	EASE OR CONDIT	DEATH	Danks and d	D			
(This do	es not meon the	node of dying, e.g.,	(A)Extensi	ve Burns			
injury o	complication which	t meons the disease, coused deoth.)					
DISEAS	ANTECEDENT		(B)		*************	*************************	
RISE TO	THE ABOVE CAUS	E (A) STATING THE	DUE TO				
	LYING CONDITION	LAST.	(C)				
6							
OTHER	SIGNIFICANT CONF	OTIONS CONTRIBUTI	NG				
S TO TH	LE DEATH BUT N	NOT RELATED TO 1		thylism			
W IOA DATE	OF OPERATION 119	B, CONDITION FOR			(Vos. as Na)	OOR TE VEC WERE EIN	NDINGS CONSIDERED
5		AS PERFORMED	WHICH OFEKATION	Ye		IN CERTIFYING CAUS	
100	RNAL CAUSE WAS	1018	PLACE OF INITIDY (a.e.			F in Ruleium City -1	
O UNDERLYII	NG OR CONTRIB-	home	PLACE OF INJURY (e.g., i e, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	IT IN Politimore City, go	/e exoct locotion)
E LING OF	CAUSE OF DEATH.	etc.)	Home	10	043 Har	lem Avenue	16-01
OF INJURY		(Yeor) (Hour)	TE. INJURY OCCURRED	21 F. HO	M DID IN10	RY OCCUR?	
(APPROXA	bout 1/3/67	in the $P_{m}$	WHILE AT NOT W	WHILE X AT	pparent	ly clothing	caught fire.
22.	certify that I held	an Inquiry 🗌	InspectionAut	opsy X ond	that on thi	s basis, death in m	ny opinian
re	sulted from: Non	rol couses	Accident X Sulcide	Hamicia	de 🗌 U	ndetermined monne	er 🗌
	1/	11		CHIEF ME	EDICAL EX	AMINER _	
ACT		marty	7. /	ASSISTANT ME			DATE SIGNED
	ATURE L	July Co	M.D.	ASSOCIATE MI			
	MINER'S   == E(Type) Riid	icor Broite	noolean M D	ASSUCIATE MI	EDICAL EX	AMINEK	1///63
23A. BURIAL	CREMATION, 238, D		c. NAME of CEMETERY of	CREMATORY	23 D. LC	CATION (City,	1/4/67 town, or county) (Stote)
REMOVAL (Sp	ecify)						
Bur		7-67	Arbutus Mem		A	rbutus, M	aryland
24A. DATE RE	C'D BY HEALTH DE	PT. 248, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR		ADDRESS
	JAN 6 10	167 A P. B.	E. Fallman	1/2 - 6	E (KEZ	- 1 10	48 CANHOUN S
		O PO CO STO	CA CONSCIPING	TEPORE	E DEL	SON /3	TO LAKHOUN C



## D-250 BERTH NO. 0105 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0105

	E. CASE NO.							
l. (Ty	NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED DEAD  1/3/67  11:35 a. M.				
3. 1	GePLACE IN BALTIMORE, MARYLAND,		SON	4 IISHAL PESIDEN	ICE(Where deceased	1/3/67		
J. 1	TEACE IN PACIFICACE,	WITERE TROTTO	ONCED BEAD	A. STATE	ryland	B. COUNT	Y	16 001111 3 310117
FUI	LL NAME OF (IF NOT IN HOSP ADDRESS OR LOG	ITAL OR INSTIT	UTION, GIVE STREET		I (If outside corporate	limits, write RI	JRAL ond give to	wysbip)
IN S	STITUTION	7111011			Baltimore	14	10	5
	39				SS (If rurol, give locat	ion)		
	Provident Ho	spital			1930 McCull			
5. S		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years	If Under 1 Yr. If U	Jnder 24 Hrs
1	male colored	sin	DIVORCED (specify)	9-30-08	lost bi	58	Months Doys H	ours Min.
IOA	LUSUAL OCCUPATION (Give kind of w	ork TOB. KIND O			ote or foreign country)	1	2. CITIZEN OF	
don	e during most of working life, even if retired	1)		Marylan	d		U.S.A.	
13.	FATHER'S NAME			14. MOTHER'S MAI	DEN NAME		0.0.1.	,
	George	Dyson		Grace	Smallwoo	d		
	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	2110221100		DDRESS	
, Tes	s, no orunknown) (If yes, give wor or de	otes of service/	218056377	Dorothy	Newkirk	1705	Payson A	lvenue
_	[1B.		1	E OF DEATH	21011122222	. 107		L BETWEEN
	DISEASE OF CONDITION	DIALONIA					ONSET A	ND DEATH
	DISEASE OR CONDITION LEADING TO DEA	TH		ve spontane	ous intra-c	erebral		
	(This does not mean the mode heart foilure, osthenio, etc. It med injury or complication which couse	of dying, e.g.,	יטעד דס -	hemorr	hage			
	injury or complication which couse	d deoth.)			AL PURE TO SERVICE			
	ANTECEDENT CAUS		(R)					
	DISEASES OR CONDITIONS, IF		DUE TO	•••••••			***************************************	
~	UNDERLYING CONDITION LAS		(C)					
Ó	II		1 20 (40000000000000000000000000000000000				***************************************	
N	OTHER SIGNIFICANT CONDITION							
F	TO THE DEATH BUT NOT		THE		***************************************			
CERTIFICATION	19A. DATE OF OPERATION 19B. CO	ONDITION FOR	WHICH OPERATION		Yes or Nol 20B. IF YE			D
	11	ERFORMED		yes	IN CERTIF	YING CAUSES	OF DEATH?	
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e., form, foctory, street,	in or about 21C. WH olfice bldg., INJURY C	ERE DID (If in Bolting) CCUR?	iore City, give	exact location)	
Σ	ZID THATE (Month) (Doy) (1	eor) (Hour)	TE. INJURY OCCURRED	21 F. HOW	V DID INJURY OCCU	R?		
	OF INJURY (APPROX.)	m.	WHILE AT NOT	WHILE WORK				
	22. I certify that I held an	Inquiry 🗌	Inspection Au	topsy x ond t	hot on this bosis,	death in my	opinian	
	resulted from: Notural a	ouses	Accident Suicid	le Homicide	Undetermi	ined monner		
	1	. (	( ) ,	CHIEF MED	DICAL EXAMINER			
	SIGNATURE	Sh.	Zw (M.D	ASSISTANT MED	DICAL EXAMINER	X	DATE	SIGNED
	EYAMINER'S		V _	•	DICAL EXAMINER		1/3/67	
	NAME (Type) Werner							
	MOVAL (Specify) 238, DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION	(City, to	wn, or county)	(Stotel
	Burial 1-7-0	67	Arbutus Mem	. Pakk	Arbut	us. Ma	ryland	
24/	A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL		, , , , ,	ADDRESS	
	JAN 6 1967	R.C. 5	C. Tallens	6 EORGI	KELSO1	v 134	8 CALH.	CIIN =
VS	151-REV. 1/1/65	1 2 1		- 0			1.17	



BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N67 0106

M.E. CASE NO.							
1. NAME OF DE	CEASED THOMAS	LANTIERI			ary 4, 1967	ED DEAD	2:00 P
3. PLACE IN BAL	TIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	A. STATE		deceosed lived. Il ins B. COL	titution: resid	
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		ryland	de corporote limits, writ	e RURAL on	d give township)
1	1			1timore	and the same of th	1-	05
35 Chu	rch Home Hosp:	ıcaı	D. STREET ADD		t Street		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRT		9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Hrs. Doys   Hours   Min.
Male	White	NEVER MARRIED	SEPT. 2	9,192	3 43		3,5
	UPATION (Give kind of work working life, even if relired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stote or forei	gn country)		N OF COUNTRY?
13. FATHER'S NAM	AE		14. MOTHER'S N	AAIDEN NAM	E	USA	
ALPHO 15. WAS DECEASE	NSE AND LOS ARMED	FORCES? 16. SOCIAL s of service) SECURITY NO.	FRANC 17. INFORMANT	F.S	FORTE	ADDRESS	
YES	(If yes, give wor or dote:	s of service) SECORITI NO.	MIKE LA	HATTERI	606 UMBR	A ST	-
IB.	1 00	CAUSE	OF DEATH	11/1/11	600011011		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE						ONSET AND DEATH
(This does	LEADING TO DEATH not meen the mode of t, osthenio, etc. It meens	(A) ALCEL	iosclerot	ic Hear	t Disease.		••••••
heort foilure	, osthenio, etc. It meons implication which caused o	the discose, deoth.)		75.			
	ANTECEDENT CAUSES						
DISEASES	OR CONDITIONS, IF A	NY, GIVING (B)				·····	
UNDERLYI	NG CONDITION LAST.						
<u>S</u>	11	(C)					
O THE	NIFICANT CONDITIONS ( DEATH BUT NOT REL OR CONDITION CAUSING	LATED TO THE Thac	tive Pulm	onary T	uberculosis		
19A. DATE O	F OPERATION 198. CON	DITION FOR WHICH OPERATION			208. IF YES, WERE FI	INDINGS CO	
0 2	WAS PERF			es	IN CERTIFYING CAU		Yes
O UNDERLYING	CAUSE WAS OR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. office bldg., INJUR	WHERE DID	(If in Boltimore City, g	ive exoct loc	cotion)
21D TIME	(Month) (Doy) (Year)	Hour) 21E. INJURY OCCURRED	21 F. H	IOM DID INJ	URY OCCUR?		
OF INJURY (APPROX.)		m. WHILE AT NOT AT W	WHILE O				
22. I cer	tify that I held on Ir	nquiry Inspection Au	topsy X or	nd that on th	is bosis, death in	my opinion	
resu	Ited from: Natural cau	uses X Accident Suicid	le Homic	ide 🗌	Undetermined mann	er 🗌	
	$\bigcap$		CHIEF	MEDICAL E	XAMINER [		DATE SIGNED
SIGNAT		cles / Tolly M.D.	ASSISTANT A	MEDICAL E	XAMINER X		
EXAMII NAME (	NER'S Charles	s S. Petty	ASSOCIATE				1/5/67
23A. BURIAL CRI REMOVAL (Speci		23C. NAME OF CEMETERY	CREM ATORY	23 D. I	LOCATION (City	, town, or co	ounty) (Stote)
BURIAL	1-9-6 BY HEALTH DEPT.	24B, NAME OF REGISTRAR	MAL CET	M. BA	LTIMORE	MA	CYLAIND DDRESS
	JAN 6 1967	R. O. H. E. Falleyan	O JOHN I	n. WERE	RASONS INC. HI	21.5.CH	ESTER ST.
VS 151-REV. 1/1				the state of	The the to	1000	-V/-// U//

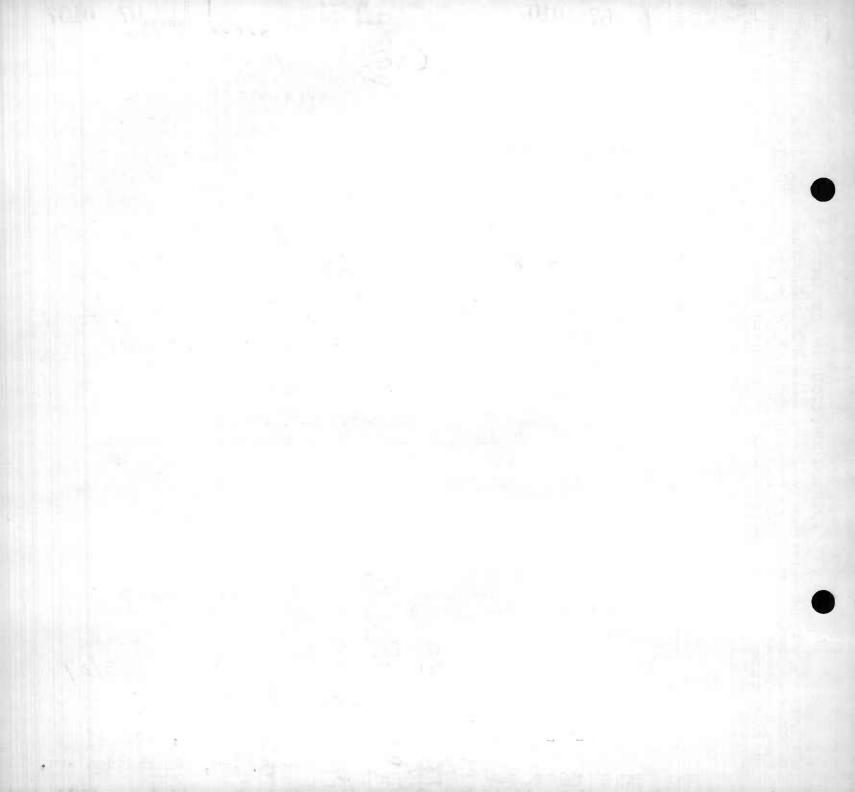
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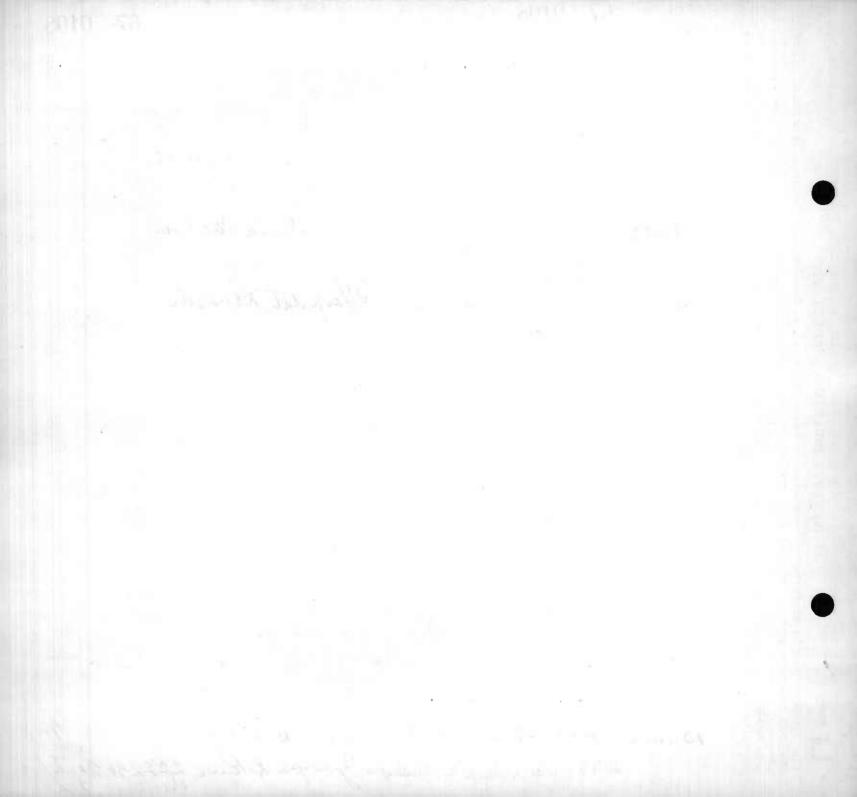
MACHSE LANTIEST ESTABLES FORTE

MES UNITE SETABLES FORTE

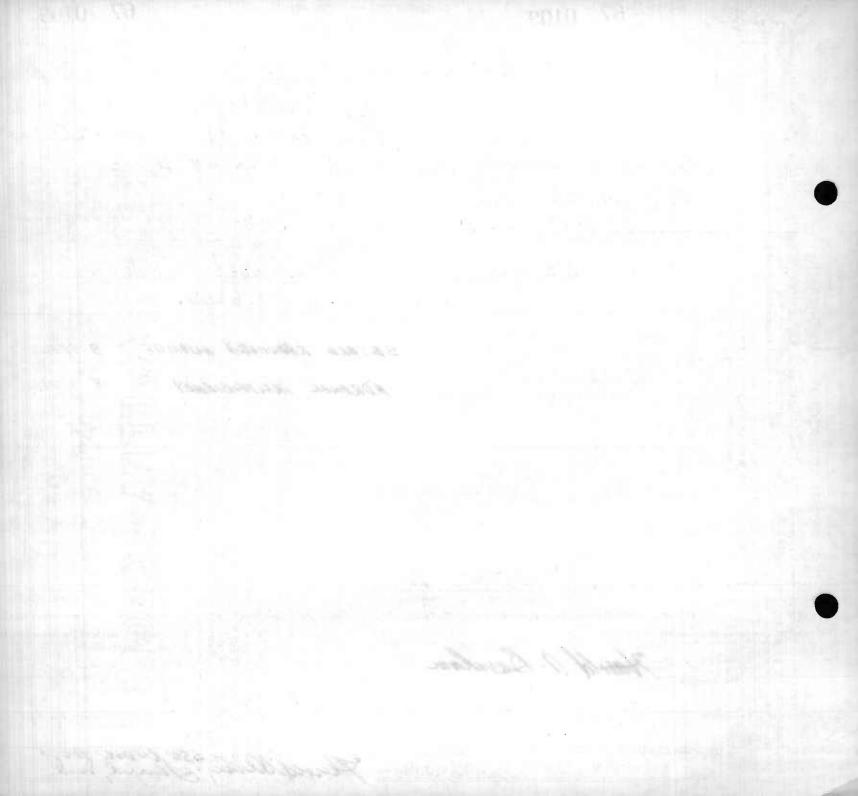
BUTCH 1-4- LALTE PHYTHING COM BALGINGS MINUS

Stanfante desployed for the school of



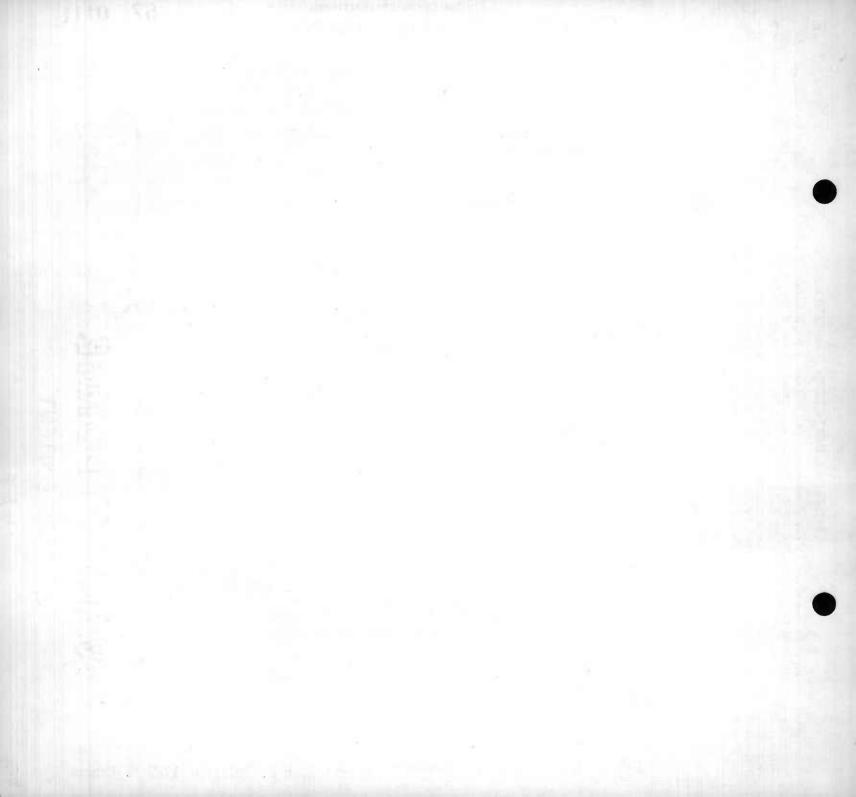


BALTIMORE CITY HEALTH DEPARTMENT

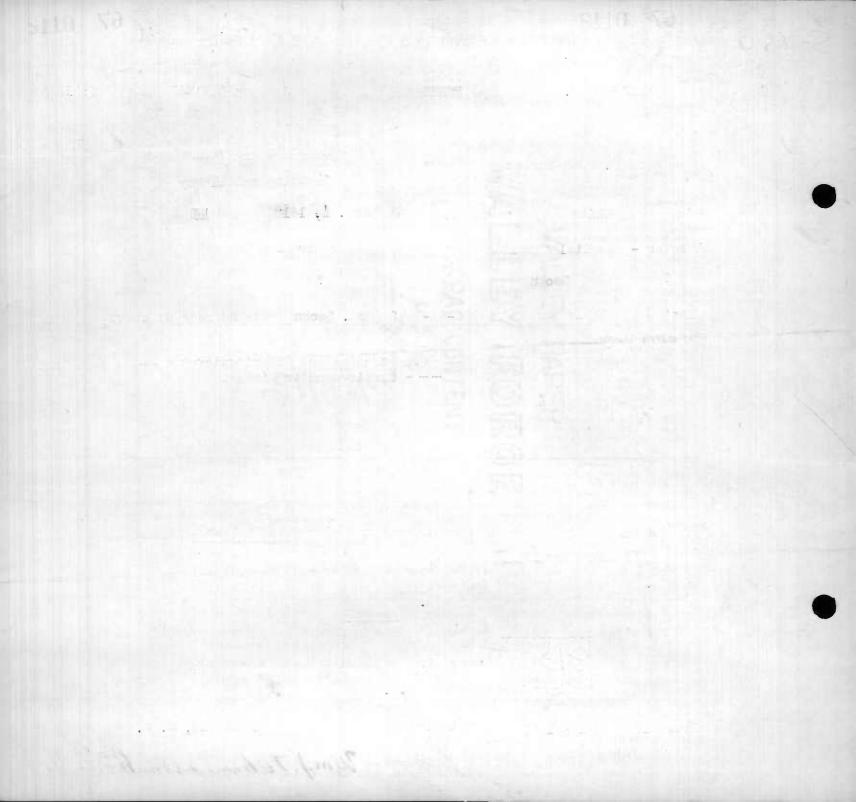


{Typ	DE or Print)			2. DATE AN	ND HOUR OF DEATH		
3. P	PLACE OF DE	Benjamin F. M	urphy	4. USUAL RESIDENCE (Whe	pary 3, 196	7 nstitution: residence before odmi	
H	FULL NAME OF	OF (If not in hospital oddress or location	or institution, give street	Maryland	tside city limits, write	RURAL and give township)	
	46	Lutheran Hos		Baltimore D. STREET ADDRESS (If rurol, give locotion)			
-		Baltimore, M		3503 Woodbr			
5. S		6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	Months Doys Hours	
10A.		UPATION (Give kind of working life, even if retired)	Married klob, kind of Business or Industry	Feb. 13. 1905	ign country)	12. CITIZEN OF WHAT COUNTRY?	
	Reti			North Caroli		USA	
13. 1	FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME		
	Panian	in T Manual		Phts II-			
15. \	Wos Deceased	in F. Murphy d Ever in U. S. Armed Fo	rces? 16. SOCIAL	Etta Harper		ADDRESS	
(Yes	s, no or unknow	n) (If yes, give wor or dot	es of service) SECURITY NO.				
	Yes	WWII	228-20-3302	Mrs. Dorothy	Murphy 35	03 Woodbrook Ave	
	1B. 112	0.71	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEA	SE OR CONDITION DE			1.	ONSET AND BEAT	
		LEADING TO DEATH	(A) , CO	ronary / wrom	wosis	1d	
	(This does						
		, asthenio, etc. It meons mplication which caused			10.		
Н							
		ANTECEDENT CAUSES	S (B) (O)	ronary Onsuf	receiver	2 years	
			DUE TO	ronary month	herency	Fyeurs	
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A)	any, giving	ronary month	freeway	Flars	
	DISEASES	OR CONDITIONS, if	any, giving	ronary msuf	heleney	Fyeurs	
ATION	DISEASES rise to th UNDERLYIN OTHER SIGN TO THE	OR CONDITIONS, if	any, giving sloting the (C)	ronary msuf	herency	Fyeurs	
RTIFICATION	DISEASES rise to th UNDERLYIN OTHER SIGN TO THE C DISEASE OR	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  IIIIIIICANT CONDITIONS (CONDITION CAUSING FOPERATION 198. CONDITION 1	any, giving sloting the (C)	20A. AUTOPSY? (Yes or No	D) 208. IF YES, WERE IN CERTIFYING CA	/	
AL CERTIFIC	DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19 A. DATE O	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  IIIIIIICANT CONDITIONS (CONDITION CAUSING FOPERATION 198. CONDITION 1	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED	in or obout 21C. WHERE DID		/	
CAL CERTIFIC	DISEASES rise to th UN DERLYIN  OTHER SIGN TO THE C DISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif	OR CONDITIONS, if see obove couse (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION RFORMED  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)	in or obout 21C. WHERE DID	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?	
DICAL CERTIFIC	DISEASES rise to th UN DERLYIN  OTHER SIGN TO THE E DISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  INFICANT CONDITIONS (CONDITIONS OF CONDITION CAUSING FOPERATION 198, CONWAS PER TWAS UNDERLYING CAUSE OF COUNTY (CAUSE OF CAUSE OF CAUS	CONTRIBUTING ATED TO THE IT.  NOTITION FOR WHICH OPERATION RFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)  (Hour)  21E. INJURY OCCURRED  While At   Not While	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?	
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MEDICAL CERTIFIC	DISEASES rise to th UN DERLYIN  OTHER SIGN TO THE E DISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT.  DITION FOR WHICH OPERATION RFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  (Hour) 21E. INJURY OCCURRED While At Not White At Work Work  Not White At At Work  Not Work  OI) ottended the deceased from ed alive on 25	21F. HOW DID INJ	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact locotion of the city	
MEDICAL CERTIFIC	DISEASES rise to th UN DERLYIN  OTHER SIGN TO THE II DISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond haur on	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, elc.)  (Hour)  21E. INJURY OCCURRED  While At Not White Work  Not White At Work	21F. HOW DID INJ	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact locohon?  The City of the exact locohon?  The City of the exact locohon?	
MEDICAL CERTIFIC	DISEASES rise to th UN DERLYIN  OTHER SIGN TO THE E DISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT.  POLITION FOR WHICH OPERATION REPORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)  (Hour) 21E. INJURY OCCURRED While At Not White At Work  Work Not White At Order of the At Work  (I) ottended the deceosed from the ded alive on At Work  ottended above. (I) (We) (did) (did nat)	21F. HOW DID INJ	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location  196  inion death occurred on the  23B, DATE SIGNED	
MEDICAL CERTIFIC	DISEASES rise to th UN DERLYIN  OTHER SIGN TO THE II DISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond haur on	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT.  DITION FOR WHICH OPERATION RFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, elec.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  At W	21F. HOW DID INJ	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact locohon?  The City of the exact locohon?  The City of the exact locohon?	
MEDICAL CERTIFIC	DISEASES rise to th UN DERLYIN  OTHER SIGN TO THE II DISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond haur on	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT.  DITION FOR WHICH OPERATION RFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, elec.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  At W	21F. HOW DID INJ	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location  196  inion death occurred on the  23B, DATE SIGNED	
MEDICAL CERTIFIC	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE EDISEASE OR 19 A. DATE OF CONTRIBE DEATH (notification of the contribution	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  II  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT.  POLITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  Work Not White At Work  At Wo	21F. HOW DID INJuly OCCUR?  21F. HOW DID INJuly Occur?  21F. HOW DID INJuly Occur?  19 6 ond the view the body ofter deoth.  123D. ADDRESS 1709 Gwyn	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location  196  inion death occurred on the  23B, DATE SIGNED	
MEDICAL CERTIFIC	DISEASES rise to th UN DERLYIN  OTHER SIGN TO THE C DISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and haur on 23 A. SIGNA)  23 C. PHYSICII NAME ( REMOVAL	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloting the (C)  CONTRIBUTING ATED TO THE IT.  NOITION FOR WHICH OPERATION REPORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)  (Hour) 21E. INJURY OCCURRED While At Not White At Work At Work North At Work N	21F. HOW DID INJ	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locohon?  196  1-5-67  Pkery  City, town, or county) (S	
WEDICAL CERTIFIC	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE EDISEASE OR 19 A. DATE OF CONTRIBE DEATH (notification of the contribution	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  II  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT.  POLITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work	21F. HOW DID INJ	Stoff COLLING	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locohon?  196  1-5-67  Pkery  City, town, or county) (S	

Terewood & Smith



BIRTH NO.	MED	ICAL EX	(AMINER'S CI	RTIF	ICAT	E OF D	EATH Registe	red Na	
M.E. CASE NO.									
1. NAME OF DEC	2. DATE AND HOUR PRONOUNCED DEAD								
W:	ILLIAM C.		SPHEN			Januar	ry 4, 1967		1 6:45 Am.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DE L	4. USUA A. STAT	L RESIDE	NCE (Where	deceased lived. If insti B. COU	tution: resi	idence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		New	Jersey			
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY	OR TOW	N (If outside	corporate limits, write	RURAL	and give township)
						tain Si		/	me col /
0 83	837 E. 30th Street					ESS (If rurol,			
							rwill Way		
5. SEX	6. RACE	7. MARRIED, WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE	OF BIRTH		9. AGE (In years lost birthday)	Month's	Doys Hours, Min.
Male	White	M	larried	Aug.	5, 1	918	1185		
	JPATION (Give kind of wor vorking life, even if retired)	k TOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTH	PLACE IS	lote or foreign	County	12. CITIZ	ZEN OF AT COUNTRY?
	- Hospital S	upplies			Fenn	sylvani	a		
3. FATHER'S NAM	\E	*		14. MOTH	ER'S MA	IDEN NAME			
?	Spol	nin.			2				
	D EVER IN U.S. ARM EL		16. SO CIAL SECURITY NO.	17. INFOR	MANT			ADDRES	S
Yes	World Wa		206-05-7642	Mrs.	Shoh	n como	addmass as	a obor	100
1B.	Mar Trace Mar	h aleste		OF DEA	_	n same	address as	abov	INTERVAL BETWEEN
44	XI		0,031	0. 0					ONSET AND DEATH
DISEAS	SE OR CONDITION DE		II		o and	Antoni	acolomotic		
(This does n	not meon the mode of	dying e.g.,	(A) Hyperic	ensiv	e and	Arteri	osclerotic		M0000000000000000000000000000000000000
heart failure,	osthenio, etc. It meons	the disease,	OUEJO Car	raiov	ascul	ar Dise	ease		
		1997							
	NTECEDENT CAUSE		(B)						
RISE TO TH	OR CONDITIONS, IF A		DUE TO						
	IG CONDITION LAST.		(C)						
Ó			19						
OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTI	NG						
TO THE	DEATH BUT NOT RE		THE						
-	OPERATION 198. COM	IDITION FOR	WHICH OPERATION	20A. A	UTOPSY?		20B. IF YES, WERE FIL		
0 2	WAS PER	FORMED			Yes		IN CERTIFYING CAUS	SES OF DI	Yes
21A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obou	121C. W	HERE DID	f in Boltimore City, gi	ve exact I	
UNDERLYING CAU	OR CONTRIB- SE OF DEATH.	etc.)	e, form, foctory, street, o	three bldg.	INJURY	OCCUR?			
E 21 D TIME	(Month) (Doy) (Yea	r) (Hour) [	TE. INJURY OCCURRED		21F HO	W DID INJU	PY OCCILE?		
OF INJURY	(Wolling (Doy) (Tee			WHILE			n, o coon,		
(APPROX.)		m.	WORK AT NOT NOT NOT W	ORK					
22. 1 cert	tify that I held on	nguiry	Inspection Aut	opsy X	and	that on this	s basis, deoth in m	ny opinic	on
	ted from: Natural ca		Accident Suicide		Hamicid		ndetermined manne		
10001						DICAL EX			
ACTUAL	11	11/17/	1.7. (1						DATE SIGNED
SIGNAT		101	M.D.				AMINER X		
NAME (	· • • • • • • •	r Breit	enecker, M.D.	ASSOCI	ATE ME	EDICAL EX	AMINER		1/4/67
23A. BURIAL CRE	MATION, 238 DATE		C. NAME of CEMETERY o	CREMA	TORY	23 D. LC	CATION (City,	, town, or	
REMOVAL (Specify		0/5	Fairview Cem	ate m	,	TaTo	etfield N	T	
Removal	1/5/1		OF REGISTRAR			L DIRECTOR	stfield, N.		ADDRESS //
	1 A AL O		. 0.00	2	/	1	,		Ballo, ma
	190/	Colicul	, E Failuma	0 6	m.	1/11/	men Lls	no h	worth spe
VS 151-REV. 1/1/	65	-							



FUNERAL DIRECTOR: IMPORTANT

	67 01	BALTIMORE CITY	HEALTH DEPARTMENT		67 0112
RTH NO.	01 01	CERTIFICA	TE OF DEATH /	Registered No	01 0119
NAME OF DEC	EASED			HOUR OF DEATH	
ype or Print)	MeGill	, James T. Jr.		1/3/67	10.05 A.
PLACE OF DE	ATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in:	stitution: residence before admissio
FULL NAME O	OE (If not in bornital or	institution, give street		USA.	Baltola
HOSPITAL OR	oddress or location)				URAL ond give township)
1/	PINOI Itan	1 Baltonine	BALTIMORE		53-00
425	MAI MOSP	of Baltonine	D. STREET ADDRESS (If re	urol, give location)	
19		/	1611 Lyle	2 Ct. #	34
SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	. 10	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
MALE	W.	MARRIED	7/16/41	25	
	UPATION (Give kind of work ) ( working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
(Lerk			Baltimore, Mar	yland	USA
FATHER'S NA	ME		14. MOTHER'S MAIDEN NAM	NE .	
James T	McGill Sa		Elizabeth Ra	aun	
Was Deceased	McGill, Sr.  Ever in U. S. Armed Farce		Elizabeth Br	DOTE	ADDRESS
s, no or unknown	(If yes, give wor or dotes	of service) SECURITY NO.	Mars Ruth E. Mc	Gill 16111	yle (ourt 21234
1B.	unknown	CAUSE O		J. 200 10112	INTERVAL BETWEEN
al U	SE OR CONDITION DIREC		DEMIN		ONSET AND DEATH
DISEA	LEADING TO DEATH	CILY	1 100 1/1	00.1	
(This does	nol meon the mode of d	ying, e.g., DUE TO	honic myeloid	- Lenklyni	£
	osthenio, etc. It means the application which caused d				0.00
	ANTECEDENT CAUSES	(B)			
	OR CONDITIONS, if an	DUE TO			1000 P
	e obove cause (A) s				
UNDERLYIN	G CONDITION last.				
	II				
TO THE D	EATH BUT NOT RELATE	NIRIBUTING ED TO THE			
19A. DATE OF	CONDITION CAUSING IT.	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES WERE F	INDINGS CONSIDERED
1)	WAS PERFO			IN CERTIFYING CAL	ISES OF DEATH?
12TA. ACCIDE	NT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBI	UTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
21 D. TIME		(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCILE?	
OF INJURY	(120) (120)	While At Not While		KI OCCOK:	
(APPROX.)		Work At Work			
22. I certify	that (1) (this hospital)	attended the deceased from	DEC 30 1	966 10	AN 3 1967
that (I) (we)	last saw the deceased	alive an JAN	3 19 6 7 ond tha	t in (my) (our) opin	nian death occurred an the d
ond hour on	d from the couses stated	d obove. (1) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATU		R			238, DATE SIGNED
	fo Tai	Ran M.D. Atte	nding Med. Director	Stoff Phy s.	1/3/67
23C. PHYSICIA	AN'S		23D. ADDRESS	11y 3, L	1 - 101
NAME (1	PRAPHOT (	PACHARN M.D.		OF BALTIMO	RE Md
A. BURIAL CRE	, ,	24C. NAME of CEMETERY OF CRE			
REMOVAL					ly, town, or county) (State
Buria	1/7/67	7 Lake View Memor		imore, Mar	0
A. DATE REC'D	AN 9 1 1967 13	Ose of E Salkeria	25C, FUNERAL DIRECTOR		ADDRESS
*	1301 0	George C. Nowleaning	John A. Moran	Inc. 3000	E. Baltimore S.
150-REV. 1/1/	65				

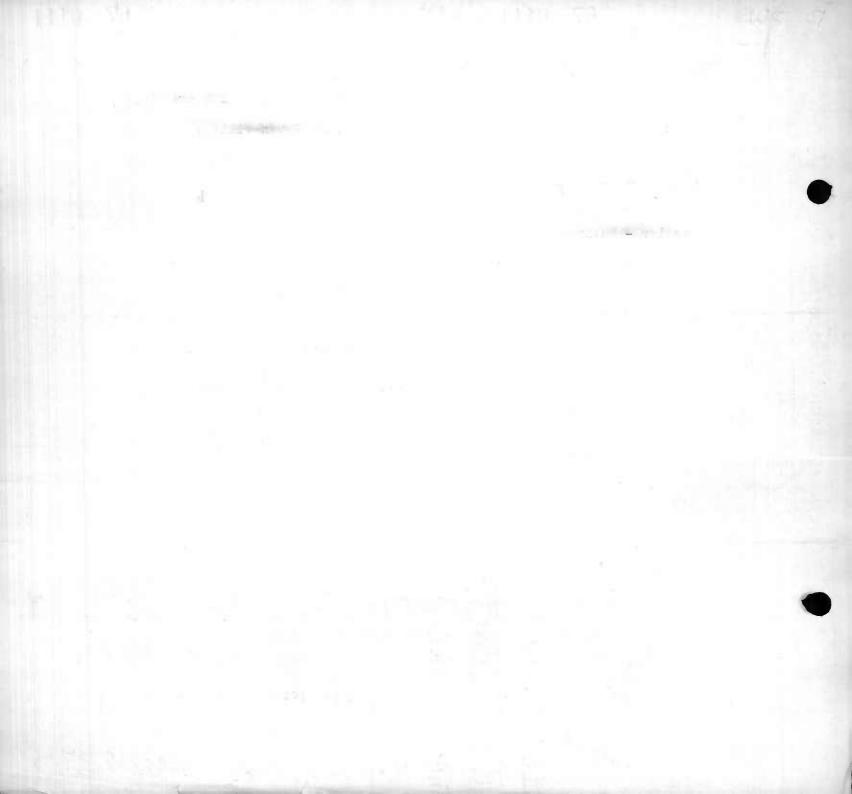
ALD SW STOR 1601 HIL CI, # 34 72 - 7/11/4 25

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fitche - years PRAPILET PALAMEN GINAN HESP OF DALLINGE, IN

BIRT	6/ 11774	ALTIMORE CITY I	TE OF DEATH Registered No.	67 0114					
M.E.	CASE NO.  AME OF DECEASED		2. DATE AND HOUR OF DEATH						
	BOYD, MARGARET	MARY	1-5-67	11.50 1					
F	ULL NAME OF OSPITAL OR address or location) SSTITUTION		4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY  MARYLAND Baltimore  C. CITY OR TOWN (If autside city limits, write RI	B. Of C.					
"	WORTH CHARLES GE	N. C. O. O. I	Loch Raven Village  D. STREET ADDRESS (If rural, give location)  8/38 Loc/1 RAVEN B	53-00					
5. SI		MARRIED B	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 h					
10À.	WALE WITTE WIDOWED, DIVOR MARRIED USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES		1-28-03 61	Months Doys Hours Min.					
	during most of working life, even if retired)		MARYLONA	WHAT COUNTRY?					
	Cashier - Retired		MARYLAND	U.S.P					
IJ. F	EDWARD LARKIN		MARY GORRICK						
15. V	Vas Deceased Ever in U. S. Armed Forces? 16, SOC	IAL 1	17. INFORMANT	ADDRESS					
(163,	no or unknown) (If yes, give wor or dotes of service) SEC(	CAUSE OF	NORTH CHARLES GENERAL IS	HOSPITAL					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., healt failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	DUE TO	TURE BERRY ANGURYS	ONSET AND DEATH					
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
ERTIF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI						
7	21A. ACCIDENT WAS UNDERLYING 21B. PLACE Chome, lorm, DEATH (notify medicol exominer) 21B. PLACE Chome, lorm, etc.)	OF INJURY (e.g., in foctory, street, officers)	or obout 21 C. WHERE DID (If in Boltimore ce bldg., INJURY OCCUR?	City, give exact location!					
N N	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OF INJURY (APPROX.) While At Work		21F. HOW DID INJURY OCCUR?						
1	22. I certify that (I) this haspital) attended the deceased from 1-5-1967 to 1-5-1967 that (I) (We) last sow the deceased alive on 1-5-67 1967 and that in (my) (our) opinion death accurred on the date								
	ond haur ond from the couses stated abave.((!) (We) (did) (did not) view the bady ofter death.  238. DATE SIGNED								
	2A SIGNATURE								
		dalemo Atton	nding Med. Stoff						
	Chan thana Sudd himona	Phys.		1-5-67					
1		Phys.	Adding Med. Stoff Phys. Phys. Stoff Phys. Phys. Stoff Phys.	1-5-67					
24A.	Chan thana Suddhimone 23C. PHYSICIAN'S AMSELMO ALL.	M.D.  CEMETERY OF CREA	\$155 LOCH RAVEN BLV.	1-5-67					



IMPORTAN

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

Hours

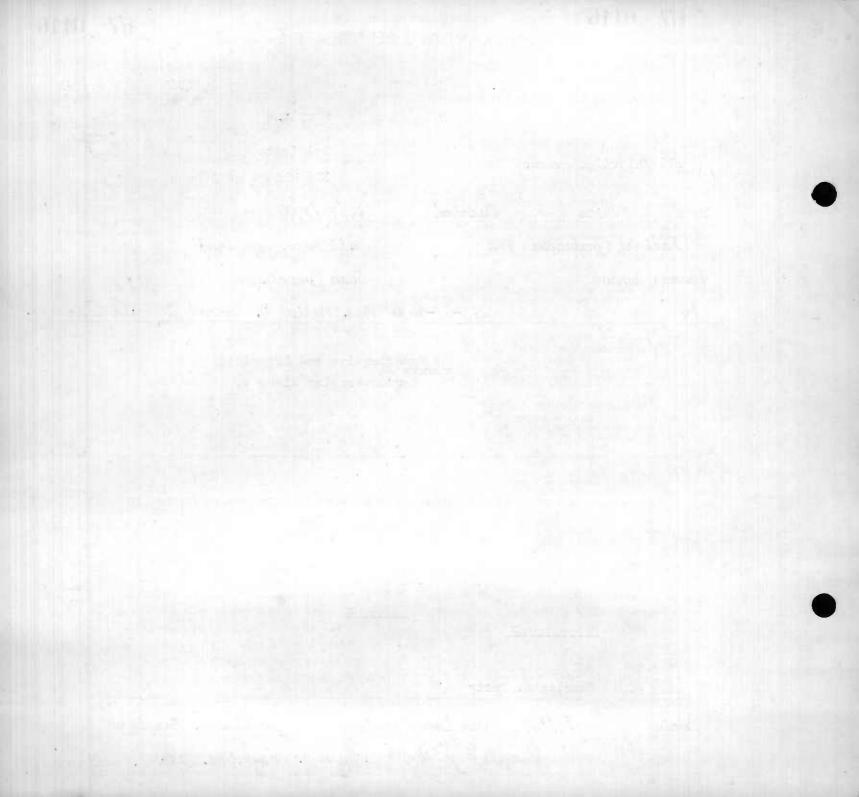
ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

VS 151-REV. 1/1/65

BIRTH NO.	MED	ICAL EXA	AMINER'S C	ERTIFICATE	OF DEATH	Registered Na	O. OTTO
M.E. CASE NO.							
1. NAME OF DE	CEASED			2,	DATE AND HOUR PR	ONOUNCED DEA	(D
(Type of Time	ROBERT	C.	MUNROE		January 5,	1967	6:15 A M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDEN			esidence before odmission
				Mary	land	B. COUNT	
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTE	ON, GIVE STREET		(If outside corporate )	imits, write RURA	L and give township)
NOITUTITENI				D-14	<b>:</b>	12-	133
316 1	Whitridge Ave	nuo			imore \$ (If rurol, give lacotio	n)	
0010	MILLITUGE AVE	lide		000			
5. SEX	6. RACE	7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH	Whitridge Av		ider 1 Yr. If Under 24 Hrs
	0.17.02		VORCED (specify)	, , ,			hs Doys Hours Min.
Male	White		rried	10/19/19		8	
	CUPATION (Give kind of working life, even if, retired)	k TOB, KIND OF B	USINESS OR INDUSTR	Y 11. BIRTHPLACE (Sto	te or foreign country)		TIZEN OF
1	ight (onducte	or PRR		Baltimon	e. Manulano		ISA
13. FATHER'S NA				14. MOTHER'S MAIL	e, Maryland		
Thomas	Munago			Sana Car	nailman		
	ED EVER IN U.S. ARMEL	FORCES?	S, SO CIAL	Sara (ou	necunan	ADDR	ESS
Yes, no ar unknow	n) (If yes, give wor or date	es of service)	SECURITY NO.		0 4		
No		27	13-07-9636	Mrs. Mari	an R. Munre	re 376 Wh	itridge Ave.
1B. / L	12 V.		CAUSI	OF DEATH			INTERVAL BETWEEN
DISEA	ASE OR CONDITION D	DECTIV					ONSET AND DEATH
Distr	LEADING TO DEATH	4	Hyper	tensive and	Arterioscle	rotic	
(This does	nat mean the mode of	dying, e.g.,	XMKMMX			LUCLV	
injury or co	amplication which coused	death.)	Card	iovascular I	Disease.		
	ANTECEDENT CAUSE	e					
	OR CONDITIONS, IF		(B)DUE TO	•-•••			
RISE TO TH	HE ABOVE CAUSE (A) S		00110				
	ING CONDITION LAST.		(C)				
<u> </u>	li li						
OTHER SIC	GNIFICANT CONDITIONS	CONTRIBUTING					
O THE	DEATH BUT NOT RE	LATED TO THE					
-	OR CONDITION CAUSING		HICH OPERATION	20A AUTOPSY2 ()	es or No) 20B, IF YES,	WERE FINDINGS	CONSIDERED
5		REPORMED	TOTAL OF EXAMINITY	Yes		NG CAUSES OF	DEATH?
2 21 A EXTERNA	AL CAUSE WAS	030 81	ACE OF INITIARY		EDE DID (II In D. III	C:-	Yes
UNDERLYING	OR CONTRIB-	home,	ACE OF INJURY (e.g., farm, foctory, street,	office bldg., INJURY O	CCUR?	re City, give exoc	t location/
₩	USE OF DEATH.	etc.)					
E 21D TIME	(Month) (Doy) (Yea	or) (Hour) 21E	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR	?	
OF INJURY		wh	ILE AT NOT	WHILE			
22.		m. WO	RK NOT	ORK L			
	rtify that I held an	Inquiry _	Inspection Au	tapsy X and t	hat an this basis, d	eath in my apin	ian
PACI	ilted fram: Natural ca	uses V Ac	cldent Suicid		Undetermin	ad mannas	
1030	Treatment Transfer Co	ACT	Joicio Joicio		-	_	
ACTUA	(1) (	/	1-		ICAL EXAMINER		DATE SIGNED
SIGNA		ecles & 1	eally M.D	ASSISTANT MED	ICAL EXAMINER	X	1/5/67
EXAMI	NED'S	- 0 5	1	ASSOCIATE MED	ICAL EXAMINER		1/3/0/
NAME	( · ) [ · )	s S. Pett				and the second	
23A, BURIAL CR		23C.	NAME OF CEMETERY	OF CREMATORY	23D. LOCATION	(City, town,	or county) (State)
REMOVAL (Speci	1 1/0/	167 0	ak Lawn (em	atanu	Baltimore	Manula	ind
Burias 24A. DATE REC'I	- 11	24B, NAME OF	E DEGISTRAR	24C, FUNERAL		e, maraja	ADDRESS C,
THE REC'T	JAN 9 1967		E. Farbura				.) 7.
	1001	Holiselle	C, Tablesta	Jahn, A.	Mozan, Inc.	3000 E.	Baltimore
		5					



IMPORTAN

DIRECTOR:

FUNERAL

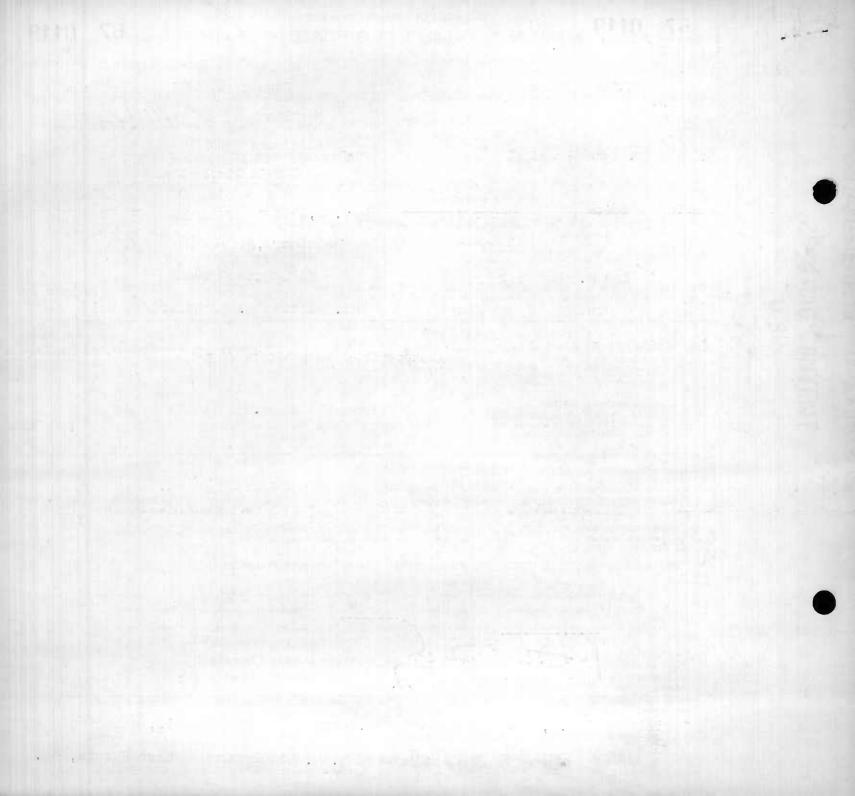
BIRTH N.67 0118 MARKIENIE		TE OF DEATH	Registered Na.	67 0118
M.E. CASE NO.	George			
1. NAME OF DECEASED (Type or Print)	/		ND HOUR OF DEATH	
GEORGE MARKIEW  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	I C Z		/4/67	nstitution: residence before odmission)
FULL NAME OF (If not in hospital or institution,	give street	MARYLAND	INIT	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If	outside city limits, write	RURAL and give township)
3.5		D. STREET ADDRESS (	If rurol, give location)	1-05
THE JOHNS HOPKINS HOSPI	TAL	638 Ѕоитн		VENUE
	D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE MARR	IED	3/12/98	68	
done during most of working life, even if retired)  Self—Employed Lakewood	Reupholstery (		reign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	machiorscary (	14. MOTHER'S MAIDEN N.	AME	
Canaa Manua				
GEORGE MARKIEWICZ 15. Was Deceased Ever in U. S. Amned Forces?	1 6. SOCIAL	CATHERINE 17. INFORMANT	BASINSKI	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	218-07-0957	Wife, Mrs. Cat	herine Marki	ewicz, #4,a,b,c.di
18. 386 X I	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		C 21 - 1 1 - 1 C	1	
(This does not mean the mode of dying, e.g.,	, DUE TO	Pulmonary Embo	ATTESC	30 mins
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		(D)	A /	
ANTECEDENT CAUSES	(B)	rulmonary	Arter	30 Mins
DISEASES OR CONDITIONS, if any, giving	DOE 10	Embo	lis	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		00 000 0 000 000 000 000 000 000 000 0	7007723uulu 0000000000000000000000000000000000
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR	•	NO	IN CERTIFYING CA	FINDINGS CONSIDERED
	al Defactment	in or obout 21 C. WHERE DID	(If in Boltimar	e City, give exact location)
	me, form, foctory, street, c	office bldg., INJURY OCCUR?		o chy, gro onot locolon
	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	hile At Not Whi	le		
22. I certify that (1) (1) (1) hospital) attended	the deceased from 1	2/27	1966 to 1/	4/19.67
that (1) (we) last saw the deceased alive an	4	167 and	,	inian death accurred on the date
and haur and fram the causes stated abave. (	(t) ( <u>We</u> ) ( <u>did)</u> (did nat)	view the bady after death		
23A. SIGNATURE			C. "	23 B. DATE SIGNED
P.	M.D. Att		Stoff Phys.	1/4/67
23C. PHYSICIAN'S NAME IType)	- 100	23D. ADDRESS		
PETER H. MOR		THE COMMS II		PITAL (State)
REMOVAL (Specify)	AME of CEMETERY or CR			ity, town, or county) (Stotel
Burial 1-9-1967 Ho	oly Rosary	Gern	an Hill Rd.	Dundalk, Md. 21222
25A. DATE REC'DIANESTH DEPT 38. NAME	OF REGISERAR	John J. Duda		
VS 150-BEV 1/1/65	- Colonge an			

. . 

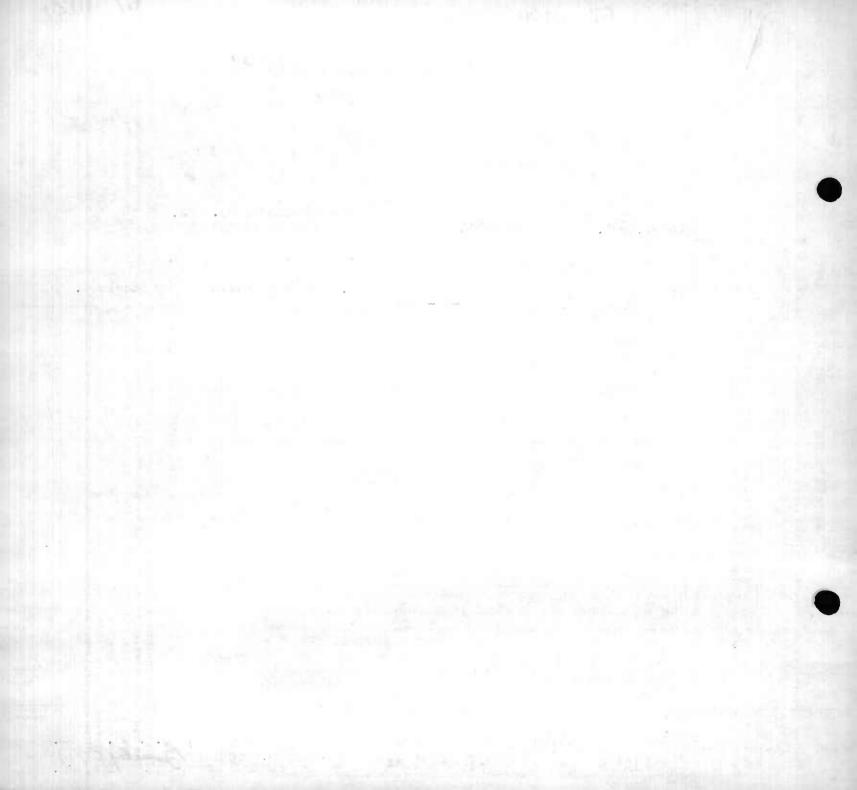
## BALTIMORE CITY HEALTH DEPARTMENT

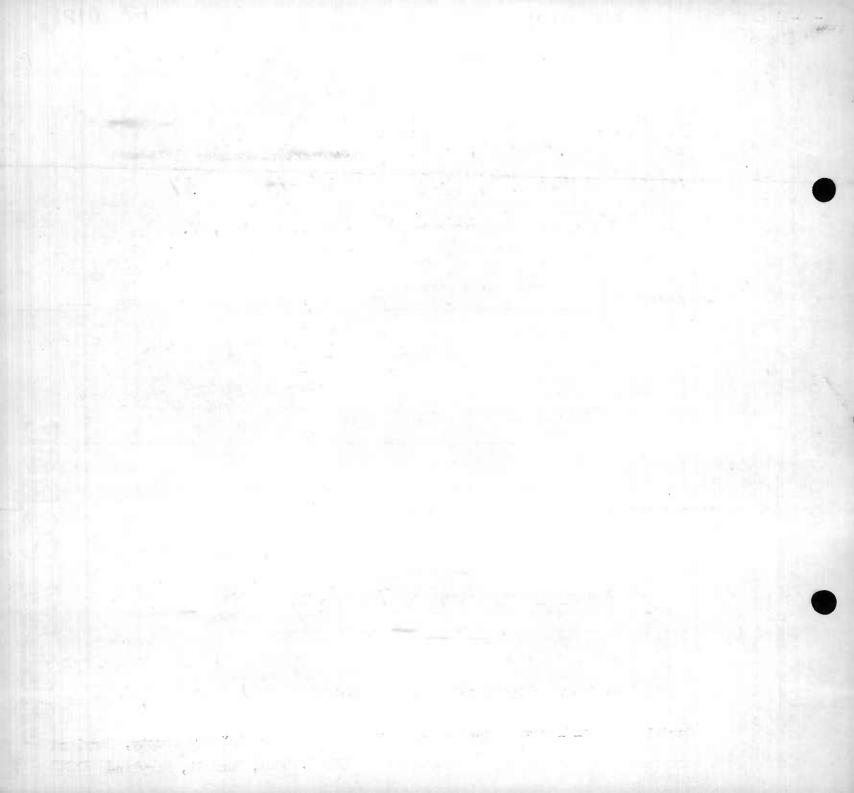
K-266

		-23611 MEDI	CAL EX	AMINER'S CE	ERTIFICAT	TE OF D	EATH Register	red Na. O	0113
	E CASE NO.	CEASED			2, DATE AND HOUR PRONOUNCED DEAD				
(Ty	pe or Print)		ED	1					2 . /. E A
3. 1	PLACE IN BAL	TILLIAM KUCHER	HERE PRONOU	NCED DEAD	A. STATE	ENCE (Where	deceosed lived. If institute B. COU	tution: residence	before odmission)
FU HC IN:	LL NAME OF	ADDRESS OR LOCA	L OR INSTITU	TION, GIVE STREET	C. CITY OR TOV		corporate limits, write	RURAL ond give	township)
#O St. Agnes Hospital					Baltimore #27  D. STREET ADDRESS (If rurol, give locotion)  4027 Twin Circle Lane				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)					B. DATE OF BIRTI	Н	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	Male	White		r Married	Nov. 1,			2	
		UPATION (Give kind of work working life, even if retired)	IUB. KIND OF	BUZINEZZ OK INDUZIKI	11. BIRTHPLACE		A-1 1	12. CITIZEN OF	JNTRY?
13.	FATHER'S NAM	A E	П	one	Balt 14. MOTHER'S M	AIDEN NAME	laryland	USA	
15.	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?		17. INFORMANT	Tizanet	h Dodson	ADDRESS	Same as
(Ye:		Off yes, give wor or dote:	s of service)	SECURITY NO.	Mr lili	lliam M	. Kucherer	(father)	
_	NO	None			OF DEATH	TTTOM	· Harmerer		VAL BETWEEN
CERTIFICATION	DISEASES RISE TO THE UNDERLYII  OTHER SIG TO THE DISEASE O	not meon the mode of , osthenio, etc. Il meons mplicotion which coused of ANTECEDENT CAUSES OR CONDITIONS, IF A LE ABOVE CAUSE (A) ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RELIR CONDITION CAUSING FOPERATION 198, CON WAS PERF	the diseose, deoth,)  NY, GIVING ATING THE  CONTRIBUTINA ATED TO THE  IT.  DITION FOR W	(B) DUE TO (C)	itial Pne	? (Yes or No)	20B. IF YES, WERE FIN		ERED Yes
MEDICA	UNDERLYING	OR CONTRIB-		LACE OF INJURY (e.g., i form, foctory, street, o			f in Boltimore City, giv	re exoct location)	1
ME	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		E. INJURY OCCURRED  HILE AT NOT VOORK AT W	WHILE	DENI DID WO	RY OCCUR?		
	l cer	tify that I held an Ir Ited fram: Natural cau		Inspection Autocident Spicide	F=3		s basis, death in m		
	ACTUA SIGNAT	URE	rest	To hora, D.	ASSISTANT M		AMINER X	DA	TE SIGNED
	EXAMIN NAME (	Type) Rudiger	Breiter	necker, M.D.	ASSOCIATE M	EDICAL EX	AMINER	1/	2/67
	MOVAL (Specif		230	. NAME OF CEMETERY OF	CREMATORY	23D. LC	CATION (City,	town, or county)	(Stote)
	Buria			len Haven Me		AL DIRECTOR	Glen Burhie	e, Maryla	
		JAN 9 1967	Real	42, Forder	A Pa V	Singl	eton Gl	len Burn	ie, Md.
VS	151-REV. 1/1/	65							

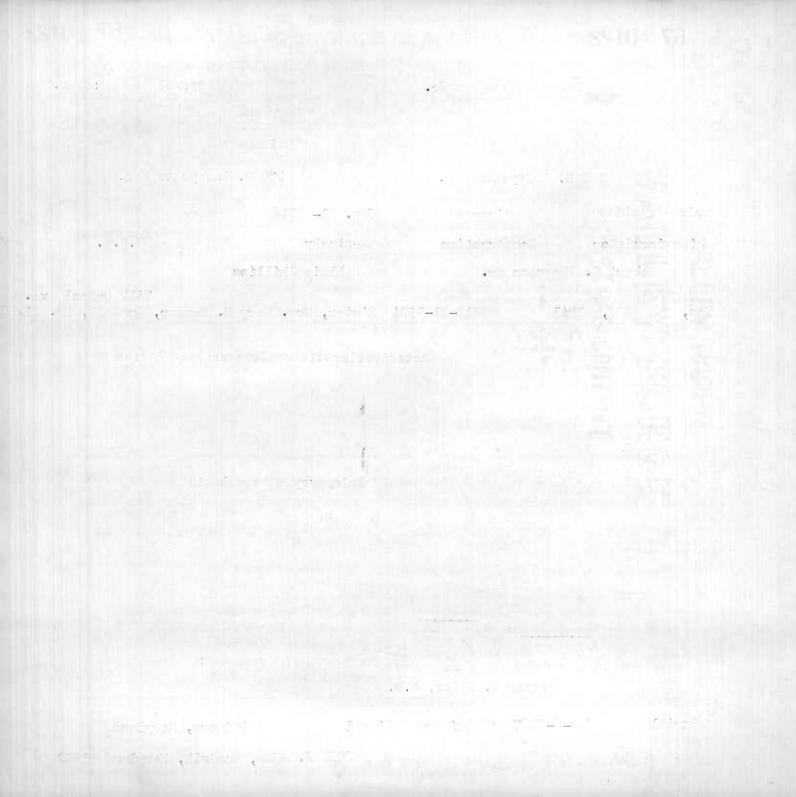


FUNERAL DIRECTOR:





(Typ	e or Print)	CEASED				2. DATE AND	HOUR PRONOUNCE		
0.01		Robei		npson Jr.	He commende		1/3/67		M.
		IMORE, MARYLAND, W			A. STATE	Marylan	d B. COU	NTY	ore odnirssion)
HOS	L NAME OF	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOV	Baltim	ore	RURAL and give to	wnship)
	00	200 E. 1	Lafayet	te Ave.	D. STREET ADDE		ve locotion) • Lafayette	e Ave.	
5. \$1		6. RACE	7. MARRIED WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)	If Under 1 Yr. If I Months   Doys   H	Jnder 24 Hrs. aurs Min.
	ale	white		rorced	Jan. 21-		50	10.00	
		JPATION (Give kind of working life, even if retired)		resiness or industrated	Kentuck		country)	U.S.A.	RY?
13. F	Robert L. Thompson Sr.					Philley	S		
(Yes,	no or unknown	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	(n )(	. D. W	77417 Scho	
T	es,	WWII, 1943		~1) <del>~</del> ~1~) ) 74	OF DEATH	ars. Mary	E. Kasper		L BETWEEN
	(This does not heart failure,	SE OR CONDITION DI LEADING TO DEATH not mean the mode of costhenio, etc. It means mplication which caused	dying, e.g., the disease,	(A)	loscleroti	c cardio	vascular di		AND DEATH
	DISEASES RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S	NY, GIVING	(8).		>*>===================================			<b>04</b> 00000000000000
2		II		(			0 *************************************		
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO		Pu1mona	ry tuber	culosis		E0x00000-7:00000
CERI	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20	B. IF YES, WERE FIN CERTIFYING CAUS	DINGS CONSIDERE	D
0	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. W	HERE DID (If	in Baltimare City, giv	e exact location)	
11	21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea		21E. INJURY OCCURRED	WHILE	OW DID INJURY	OCCUR?		
	22. I cert	tify that I held an I		Inspection AT W		that on this	bosis, deoth in m	y apinion	
		ted from: Notural ca		Accident Suicid			determined monne		
	ACTUAL		re la	Ext.		EDICAL EXA		DATE	SIGNED
	EXAMIN	IER'S	erner U	V	ASSOCIATE M			1/3/	67
	7- 0								
		MATION, 23B. DATE		C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City,	tawn, ar caunty)	(State)



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

RESIDENCE (Where deceased lived. If institution: residence (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. 17. (Wffe) 222 S. Colington Ave. Ballos Md. 21224 INTERVAL BETWEEN ONSET AND DEATH

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(II in Boltimore City, give exact location)

Baltimore, Maryland 21229 (City, lown, or county)

Baltimere, Maryland

IMPORTANT

DIRECTOR:

FUNERAL

2 1 /1/2 EN DUT'-E HELES b mater medilleter A stronger of a long-sear of the late

1/1/40 100 18

SALTINERE ...

CHURCH HOME AND HISPITAL TUDE ST INTEREIA CT.

1-13-110 66

HOUSTMAKER

7

MARGEARD

RUFUS WEAVER . PEBECCA SHITH

and the first term of the same of the same

By Gurage VIO Med INFRET HINKER

NEPHROTIC SYMPREMEE

ALMOTOSA

MEPHPOTIC SHAPPONE

12/20

Francisco I'm May

A CALENDARY DATES AND PRODUCT AND ARREST AND ARREST

the state of the s

III . III . yattı = /

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ....and that in (my) (aur) apinian death accurred an the date 23 B. DATE SIGNED M.D. 4940 Eastern Avenue Baltimore, Maryland 21224 (City, town, or county) Baltimore, Md. UJohn J. Duda 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/65

THE T \_ ind a put of 

67	0126	BALTIMORE CITY HEA		ered No. 67 0126			
BIRTH NO.		EDICAL EXAMINER 5	CERTIFICATE OF DEATH Regist	ered No. VI			
M.E. CASE	OF DECEASED	19	2. DATE AND HOUR PRONOUN	CED DEAD			
(Type or Pr	rint)	Promi	1/2/67				
3 PLACE I	Thoma	s Brand	4. USUAL RESIDENCE (Where deceased lived. If in	- /VI,			
	RTIFICA	TE AWENDED	A. STATE Maryland	UNTY			
FULL NAN	OF (IF NOT IN H	OSPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give township)			
INSTITUTIO		1-16-67	Baltimore	25-42,			
2	0		D. STREET ADDRESS (If rurol, give location)	700			
3	Provido	nt Hospital		Can man me an ana			
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in yeors	SOUTH BENE AVE			
ma 1		WIDOWED, DIVORCED(specify)  MARRIED	AUC, 10, 34 lost birthday)	Months Doys Hours Min.			
done during	L OCCUPATION (Give kind most of working life, even if re	of work 108. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country)  N. J.	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER			14. MOTHER'S MAIDEN NAME				
	FRANKLI	NW.	MARY EMBLEY				
	ECEASED EVER IN U.S. A unknown of ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	or dotes of service) SECURITY NO.		ADDRESS 2536 Southdene Ave			
1B.	216.1	SS#213-309191 CAUS	SE OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITIO	N DIRECTLY		ONSET AND DEATH			
/This	LEADING TO D	EATH Hemoti	norax				
heor	s does not meon the mo t foilure, osthenio, etc. It y or complication which co	me or dying, e.g., DUE TO meons the diseose.					
	ANTECEDENT C	AUSES Trans	section of aorta				
RISE	EASES OR CONDITIONS TO THE ABOVE CAUSE DERLYING CONDITION	, IF ANY, GIVING DUE TO					
Z		(C)					
S TO	II HER SIGNIFICANT CONDIT THE DEATH BUT NO EASE OR CONDITION CA	T RELATED TO THE		***************************************			
19A. D		CONDITION FOR WHICH OPERATION S PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAI YES				
UNDER	XTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Street	office bldg., INJURY OCCUR?  Lafayette Ave. and Di	11-000			
21D T		(Year) (Hour) 21E. INJURY OCCURRED					
OF INJ	1 2 66	5:00p. WHILE AT AT NOT	while which was struck by	car.			
22.	I certify that I held o	n Inquiry Inspection A	utopsy 🔯 and that on this bosis, death in	my opinian			

Suicide

23C. NAME of CEMETERY or CREMATORY

BALTO, NAT.

Homicide \_\_\_

M.D. ASSISTANT MEDICAL EXAMINER X

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

23D. LOCATION

Undetermined monner

DATE SIGNED

(Stote)

1/3/67

ADDRESS

(City, town, or county)

resulted from: Notural couses \_\_\_\_ Acaidems K

23B. DATE

Werner U. Spitz, M.D.

248, NAME OF REGISTRAR

ACTUAL

BURIAL

VS 151-REV. 1/1/65

SIGNATURE

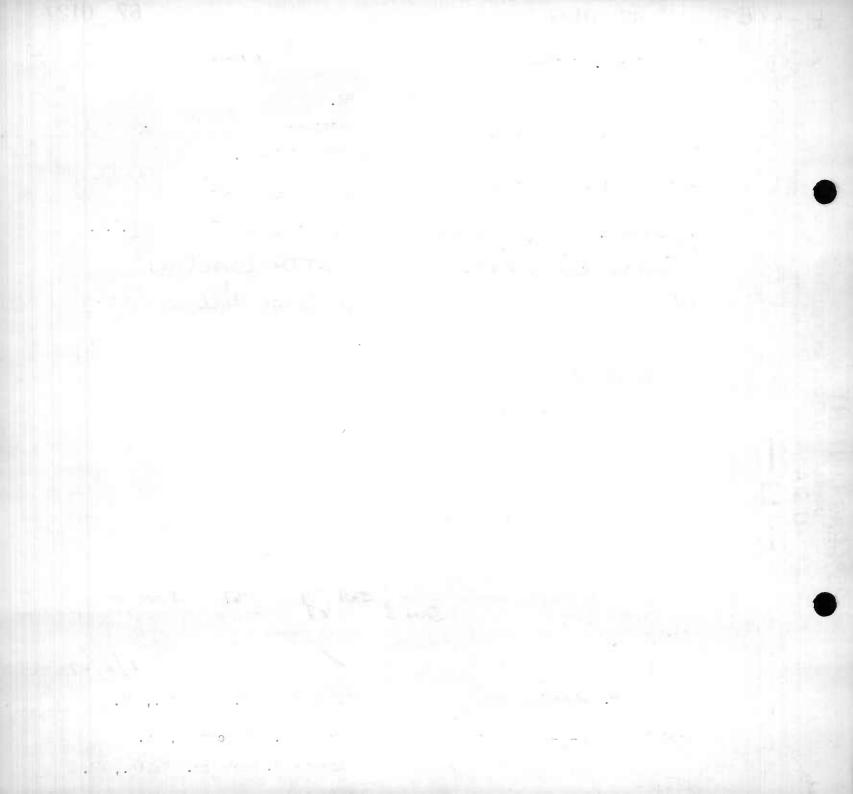
EXAMINER'S

NAME (Type)
23A. BURIAL CREMATION,
REMOVAL (Specify)

24A. DATE REC'D BY HEALTH DEPT.

Letter from M.E.'s office & V.S. 153 1-16-67 M.H.

	67	0127			TY HEALTH DEPAR			67	0127
BIRTH NO. M.E. CASI		OLL		CERTIFIC	ATE OF DE	ATH	Registered No	•	4
1 MAAAE C	DE DECEASED					2. DATE AN	D HOUR OF DEAT	н	1.11
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Stella E	. Hillia	ard			I/c	5/1967	10	01/5/
3. PLACE	OF DEATH IN BA	ALTIMORE, MA	RYLAND		4. USUAL RESID	B. CDUN	e deceased lived, if	institution: resid	ence before odmi
EIIII N	AAAS DS ///	! !				. 05010			
HOSPIT	AL DR od	dress or locotio	ar institution, given)	e sweet	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
INSTITU					Baltime		one on mine, mine	26-	02
Ha	rford Gar	dens Con	nvalescen	t Home	D. STREET ADDI		rurol, give location)	20	-
90					4943 Be				
5. ŠEX	6. RACE		7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTI		9. AGE (In years	If Under 1	Yr. If Under 24
Fema		te	WIDOWED.	DIVORCED (specify)	9/11/	22-	lost birthdog)	Months Do	ys Hours N
				USINESS OR INDUST	1/26/1	1887	84	100000000000000000000000000000000000000	
	most of working life		TOB. KIND OF BI	D21ME22 OK IMDO21	RI II. BIRIHPLACE	Store or lorer	gn country)	12. CITIZEN WHAT	COUNTRY?
460	USEWITE		Ho	mf.	VIR	9/10/1	2	U.S.	Α.
13. FATHE	S NAME				14. MOTHER'S M				
-	2	()	8.10.	(	5-	TO	() ~-1-	5.1	
15 Was D	ecoased Ever in U	SAMO	CVAN	SOCIAL	17. INFORMANT	17	CARLTO	***	223800
Yes, no or	inknown) (If yes, g	ive wor or dote	s of service)	SECURITY NO.	INFORMANT		. 11	-	PRESS
NK					DR. E	/Ans	HILLIAR	2-510 h	locaside Ko
18.	LUNV	1		CAUSE	OF DEATH			INT	ERVAL BETWEEN
	DISEASE OR CO	NOTION DI	RECTLY	0		1	01.28	ON	SET AND DEAT
		TO DEATH		(A) VAL	ell mo me	3-1 130	catero	4	days
	daes nat meon failure, asthenia,			DUE TD			***************************************		1
	ar camplication								
		ENT CAUSES		(B)					
B				DUE TO					
	ISES OR CONI Ia The abave			(C)					
	RLYING CONDI		- ,	(6/	***************************************	**************************************		9 <sub>6</sub>	
		11		0- 12 0	. 20	1 1	1 000 DA		
DIHE	R SIGNIFICANT C	DNDITIDNS C	ONTRIBUTING	cercoro	roscul	1 Mrc	willow	3	
	THE DEATH B								
H 19A.D	ATE OF OPERATION	ON 198. CON	DITION FOR WH	ICH OPERATION	20 A. AUTOPSY	? (Yes or No	10 20B. IF YES, WERE	FINDINGS CO	NSIDERED
EK O							IN CERTIFIENG C	AUSES OF DEA	VIELS
OP CC	CCIDENT WAS	INDERLYING		ACE OF INJURY (e.g.			(If in Boltime	ore City, give e	xoct locotion)
<b>⋖</b> DEATH	(notify medical	exominer)	etc.)	form, foctory, street,	onice orag., INJURT	OCCUR!			
O 21 D. TI	ME (Month)	(Doy) (Yeor)	(Hour) 21E IN	JURY OCCURRED	21F. HO	W DID IN	URY OCCUR?		
F OF IN	JURY		While			0.0 1143			
(APPRI	D X.)		Work	At Wo					
22. 1	certify that (1) (	this hospito	) ottended the	deceased from	JAN I	1	1967 to J	AN 5	19.6
				JAN 5	1967		ot in(my) (our) or		
							(,/ (001/ 0	deoin (	Jesoned on In
	11 4	e couses sto	red obove. (I) (	We) (did) (did not)	view the body of	ter deoth.		loan 5 455	101100
23A. 31	GNATURE	1.	11.000		Handing row /		Shott -	23B. DATE S	IGNED
	July		amoun			ed. rector	Stoff Phys.	1/6	167
23C. P4	TYSIC AN'S				23D. ADDRESS				1
N	Dr.	Sebasti	on Russo	M.I	5017 Har	rford B	d. Rel+	o., Md.	
24A. RUPH		248. DATE		E of CEMETERY of C				City, town, or co	ounty) (Si
REMO	OVAL (Specify)								ounty) (31
	rial	1-9-6		itage Bapti			hurchview,	Va.	
25A. DATE	REC'D BY HEAL		25B. NAME OF	/A 11 1	25C. FUNERAL				ADDRESS
	JAN 9	1967	De 5 87	Janke Mill	Leonar	rd-J. R	uck Inc.	Balto	Md.
	V. 1/1/65		-					- ,	



Maryland Baltraine Plangland General Horpital 7441 Durwood PS 04 25/21/4 W married Clark Hecht Co Illenois Jesse Marton 304-20-4185 France Hickler Adon corumn Bost I Have Robert B martertony NO Aug 22 are formal points on an enterthy and follows . Solfe L. sml de M. D. lettocoll

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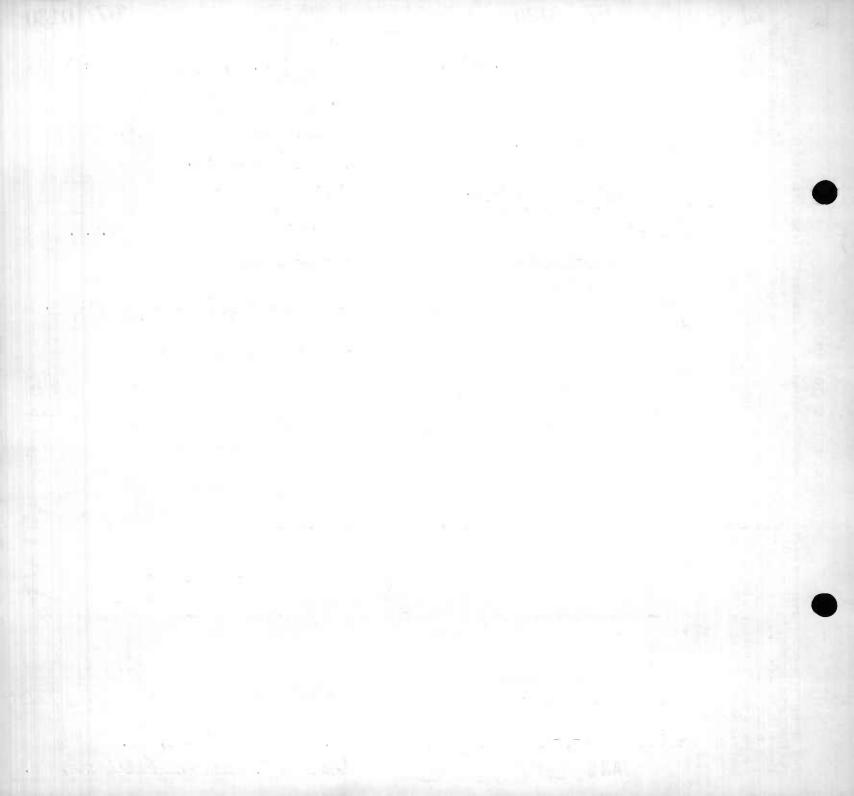
BALTIMORE CITY HEALTH DEPARTMENT

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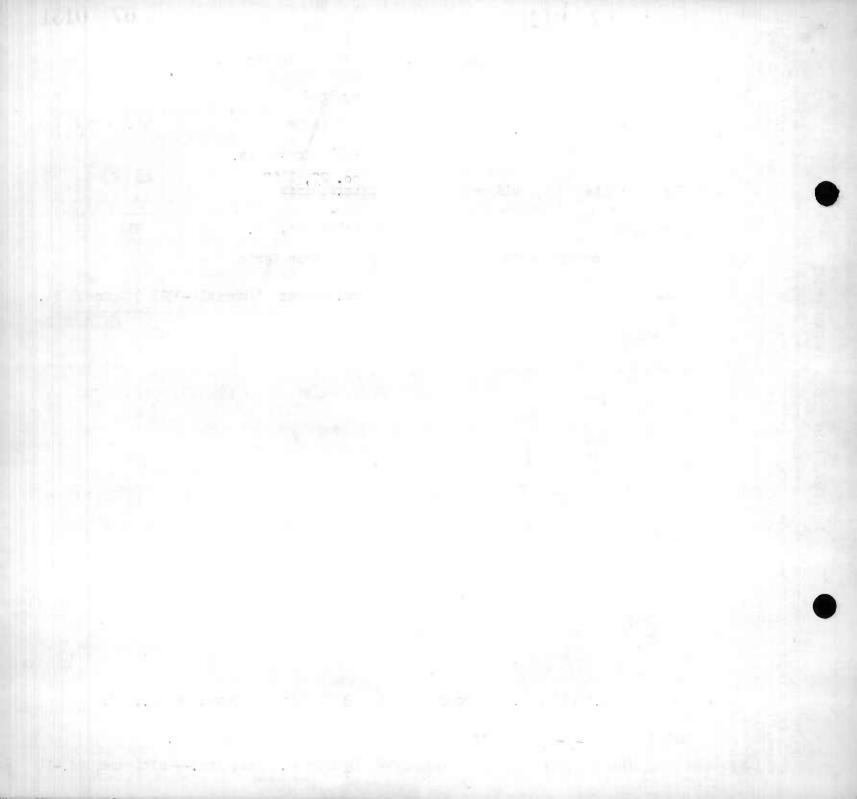
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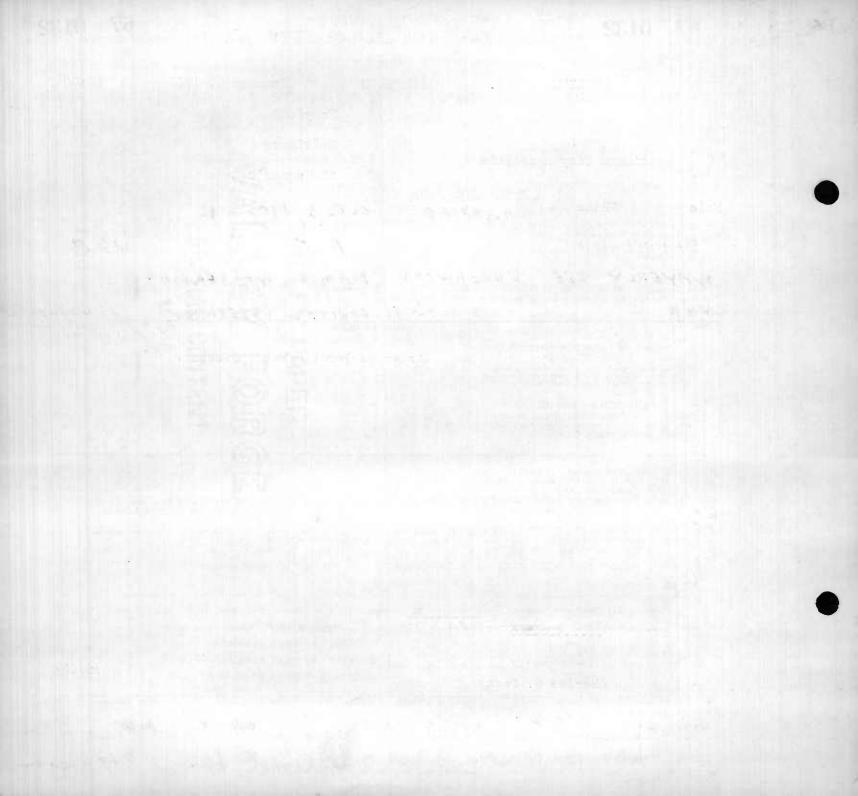
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## BALTIMORE CITY HEALTH DEPARTMENT

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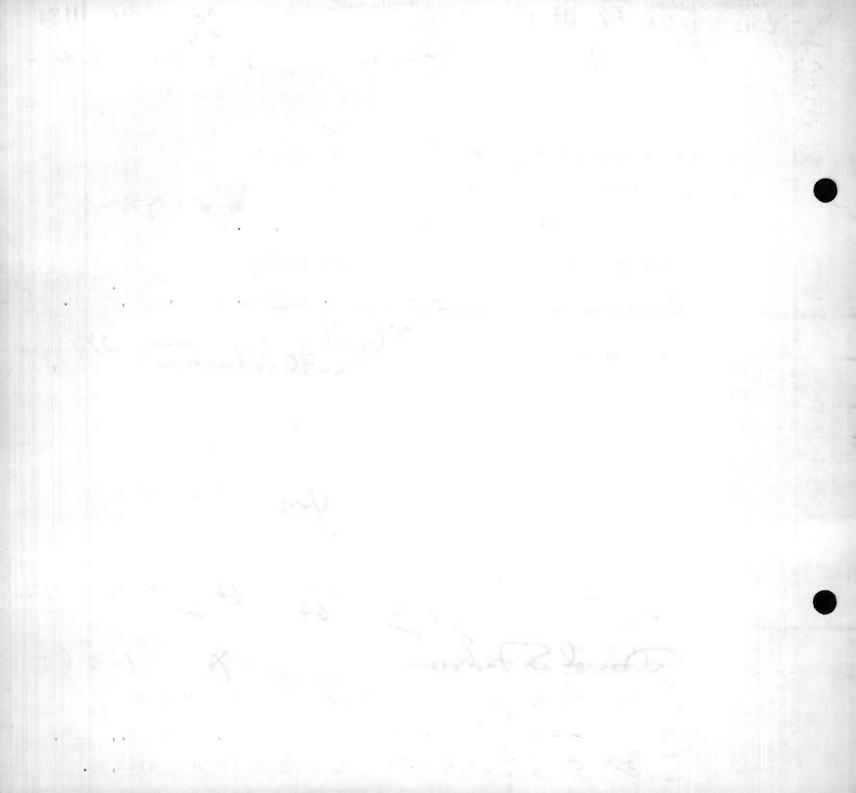
BIRTH NO.	MED WED	ICAL EX	CAMINER'S C	ERTIFICA	TE OF DEATH Regist	ered No.
M.E. CASE NO.	ECEASED				DATE AND HOUS SCONOLING	CED DEAD
1. NAME OF DE (Type or Print)	WILLIAM	J.	UNDERW	OOD	January 4, 1967	
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UNCED DEAD	A. STATE Mary	VENCE (Where deceased lived, If ins B. CO yland WN (If outside corporate limits, wri	Ballo of
NSTITUTION	ADDRESS ON EGG			Ba1	timore	53-00
3   Bal	timore City I	Hospital	S		RESS (If rurol, give locotion)  Vagner's Lane	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		If Under 1 Yr. If Under 24 Hrs.
Male	White	MA	RRIED		1905 lost birthdoyl	Months, Doys, Hours, Min.
	CUPATION (Give kind of wa f working life, even if retired)	rk 10B. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	KSMITIT			IV.	USA	
3. FATHER'S NA	WE			14. MOTHER'S M	AIDEN NAME	
5. WAS DECEAS	RLY LEE SED EVER IN U.S. ARME In), (If yes, give wor or do	D FORCES?	16. SOCIAL SECURITY NO.	MAMI	E WOLFERMI	ADDRESS
UNK	, , , , , , , , , , , , , , , , , , , ,		215-10-0781	DOROTH	TY UNDERWOOD	28 WAGNERS
18. 4	20.0		CAUS	E OF DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION D	NECTI V				ONSET AND DEATH
	LEADING TO DEAT	Ή	(A) Arter	iosclerot	ic Heart Disease.	
(This does	not mean the mode of	of dying, e.g.,	DUE TO			
injury or c	omplication which coused	deoth.)				
	ANTECEDENT CAUS	FS				,
DISEASES	OR CONDITIONS, IF		(B)DUE TO			
	HE ABOVE CAUSE (A)					
	INO CONDINON EASI	•	(C)			
2	II					
O THE	GNIFICANT CONDITION: DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO 1				
19A. DATE O	F OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 208, IF YES, WERE F	
O UNDERLYING	AL CAUSE WAS	21 B. home etc.l	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21 C. V	WHERE DID (If in Boltimore City, (	give exoct location)
Z 21D TIME	(Month) (Doy) (Ye	or) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
OF INJURY (APPROX.I				WHILE		
22.	ertify that I held an				d that on this bosis, death in	my opinion
rest	ulted from: Natural c	ouses X	Accident Suicio	de Homici	ide Undetermined mont	ner 🗌
	0/	,	//-	CHIEF M	EDICAL EXAMINER	DATE SIGNED
SIGNA		acles 1	Trees M.	ASSISTANT M	EDICAL EXAMINER X	
EXAMI	MEDIC	S. Pett	1		MEDICAL EXAMINER	1/5/67
23A, BURIAL CR	REMATION, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (Cit	y, town, or county) (Statel
REMOVAL (Spec	0 1/9	167	110111	1111	RA	4 . 10
24A. DATE REC'I	D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
	JAN 9 1967	P.D.	2. Fallina	n hy:	(3 NC 0	300 Mara



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BALTIMORE CITY HEALTH DEPARTMENT

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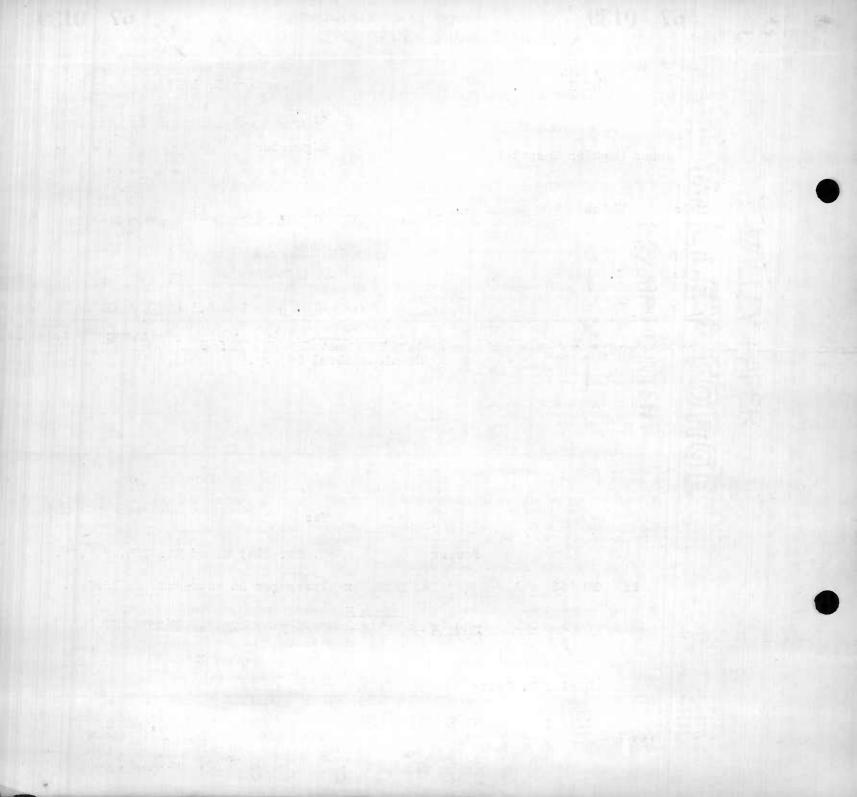
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	67 013	39		BALTIMORE CITY HEA	LTH DEPARTMENT		67	0139	
BIR	TH NO.		ICAL EX	AMINER'S	ERTIFICATI	E OF DEATH Regis		03.00	
M.	E. CASE NO.								
1. (Ty	NAME OF DECEASED	LOUIS			2	ADATE AND HOUR PRONOUN			
		XXXXXXXX	D.	ROBB		January 5, 1967		45 A M.	
3.	PLACE IN BALTIMORE,	MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE		DUNTY residence	before pdmission)	
FU HC	LL NAME OF (IF N SPITAL OR ADD STITUTION	RESS OR LOC	AL OR INSTITU	JTION, GIVE STREET		y Land N (II outside corporate limits, w	rite RURAL and give	e to wnship)	
	_ Johns Hop	nkine Ho	enital			ewater	52-	00	
,	33	parits ite	spical		BOX 425	SS (If rurol, give locotion)  ROUTE 4 HOLLY	HILL HARB	OR	
5.	EX 6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Yr.	If Under 24 Hrs.	
	Male Wh:	ite		MARRIED	OCTORER	2, 1953 13	/Violins Doys	Hours Willia	
	USUAL OCCUPATION				RY 11. BIRTHPLACE (SI	- 9 - 1 - 1 - 1	12. CITIZEN OF		
dor	e during most of working life DEPENDENT	e, even if retired)			MADVIAND				
13.	FATHER'S NAME				MARYLAND USA 14. MOTHER'S MAIDEN NAME				
	WILLARD E.	ROBB			VERNA II	RIS MAYHEW			
	WAS DECEASED EVER I			16. SO CIAL	17. INFORMANT ADDRESS				
(Ye	s, no or unknown) (If yes, g	give wor or dof	es of servicel	SECURITY NO.	WILLARD E.	. ROBB BOX 425 R	OUTE 4 EDG	EWATER MI	
	18.	4		CAUS	E OF DEATH			RVAL BETWEEN	
	DISEASE OR C	ONDITION D	RECTLY				ONSE	I AND DEATH	
	LEADIN	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Craniocerebral Injury.							
	(This does not meon heart failure, asthenia injury or complication	, etc. It meon	s the disease,	DUE TO					
	mony or compression	Willell Coused	ocom.						
		DENT CAUSE		(B)				E 8470 E 868 D 868 D 78 D 77 D 77 D 77 D 77 D 77	
	RISE TO THE ABOVE	CAUSE (A) S	TATING THE	DUE TO					
Z	UNDERLYING CON	DITION LAST.		(C)				· · · · · · · · · · · · · · · · · · ·	
ē		11							
3	OTHER SIGNIFICANT	CONDITIONS							
Ě	TO THE DEATH			HE					
CERTIFICATION	19A. DATE OF OPERATI		NDITION FOR	WHICH OPERATION		(Yes or No) 208. IF YES, WERE			
1	2				Yes			Yes	
EDICAL	21 A. EXTERNAL CAUSE UNDERLYING MOR CON	VTRIB-	21 B. home	, form, foctory, street,	office bldg., INJURY	HERE DID (If in Boltimore City, OCCUR?	give exoct location	502-00	
	UTING CAUSE OF D	EATH.	etc.)	Street	St. I	Rt. 214, W. of R	t. 253, A.	A.Co.	
Σ	21 D TIME (Month) OF INJURY	(Doy) (Yes	or) (Hour) 2	1E. INJURY OCCURRED	21 F. HOV	W DID INJURY OCCUR?			
	(APPROX.) 12	30 '66	A m.	WHILE AT NOT	WHILE X Pas	senger in auto-a	uto collis	ion.	
	22. I certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion								
	resulted from: Notural causes Acquaint & Suicide Homicide Undetermined manner								
	CHIEF MEDICAL EXAMINER								
	ACTUAL SIGNATURE	106	ally) 1	cely us	DATE SIGNED				
	EXAMINER'S NAME (Type)	Charles	S. Pet			DICAL EXAMINER	1	/5/67	
	BURIAL CREMATION,			C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (Ci	ty, town, or county)	(Stote)	
KE	MOVAL (Specify) BURIAL	1/9/67	7	CEDAR HILL C	EMETERY	PRINCE GEORG	ES. MARYLA	ND	
24		TH DEPT.		OF REGISTRAR	24C. FUNERAL		ADDRE		
	JAN 9	1967 (		2. Farbura		M FUNERAL HOME			
		/		4 ( )	4308 S	UITLAND ROAD, SU	ITLAND, MA	RYLAND	
310	161 DEV/ 1/1/46 4					6.1 1.2			

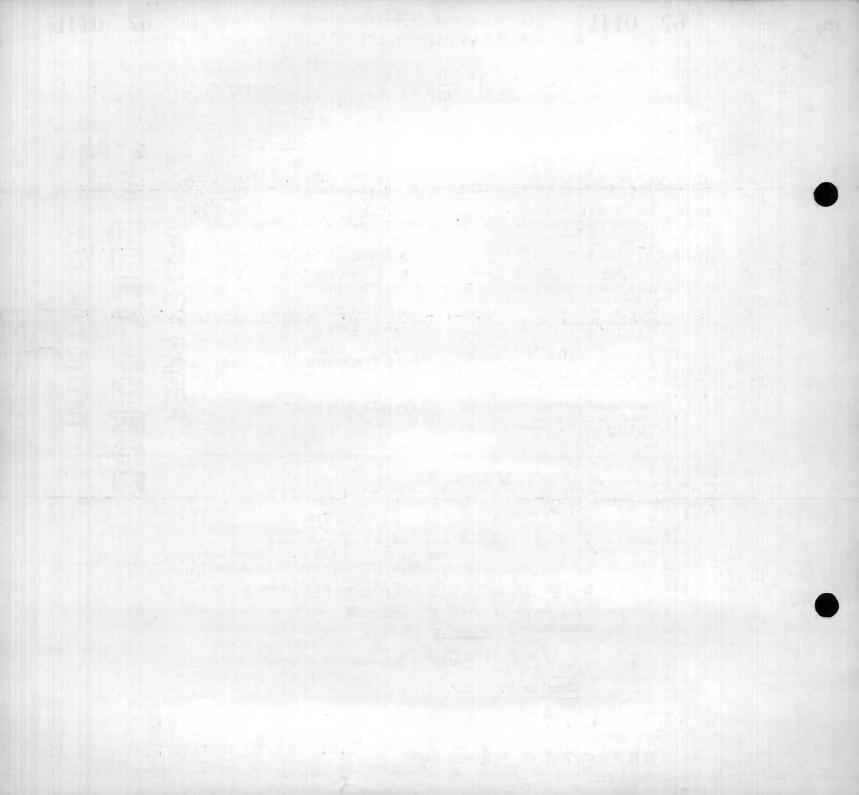


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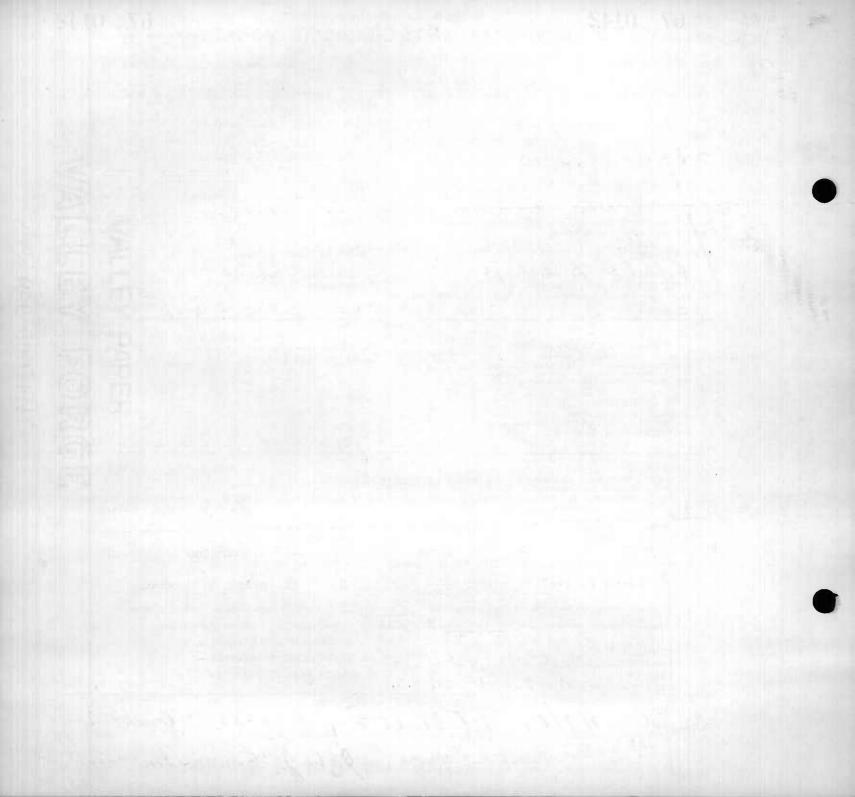
Orthosopatic Hymani 129/2/ 11.5

Though the Hallows

(Type or Print)	EASED		2, 0	ATE AND HOUR PRONOUN	CED DEAD					
3. PLACE IN BALTI	BENJAMI MORE, MARYLAND, W	N FISHER WHERE PRONOUNCED DEAD		January 5, 1967 5:00 A M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)  A. STATE Maryland  C. CITY OR TOWN (If outside carporote limits, write RURAL and give township)  Baltimore						
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	(AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN							
Chui	rch Home Hos	pital		(If rural, give locotion)  Glover Street						
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	Manths, Days, Hours, Min.					
Male	White	Widowed	2/3/97	69						
	-Steam	Edgewood Arsena		nd	12. CITIZEN OF WHAT COUNTRY? U.S.A.					
	Joseph Si	ledz	Josephin	e ?						
15. WAS DECEASED	EVER IN U.S. ARMEI	D FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS					
Yes	(If yes, give war or dot		6 Mrs Flore	nce Skierski	,627 S.Linwood Av					
18. — Q	00.0.		SE OF DEATH	nce balersar	INTERVAL BETWEEN					
DISEAS	E OR CONDITION D				ONSET AND DEATH					
(This does no	LEADING TO DEATH	dving e.g. (A) HODA	r Pneumonia							
II heart tallure.	(This does not mean the made of dying, e.g., head failure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.)									
AI	NTECEDENT CAUSE	Mult	iple Rib Frac	tures.						
	R CONDITIONS, IF A	ANY, GIVING DUE TO		~ ~ 6 ~ ~ 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7	***************************************					
	G CONDITION LAST.	(C)								
OTHER SIGN	II II									
OTHER SIGN	IFICANT CONDITIONS DEATH BUT NOT RE	ELATED TO THE								
l less	OPERATION 198, CON	G IT	20A, AUTOPSY? (Ye	s ar Na) 20B, IF YES, WERE	FINDINGS CONSIDERED					
0 2		RFORMED	Yes	IN CERTIFYING CA						
21 A. EXTERNAL	OR CONTRIB-	21B, PLACE OF INJURY (e.	, in ar about 21C. WHER	E DID (II in Baltimare City, CUR?	give exact lacation)					
UNDERLYING		Home		Glover Street	6-02					
UTING CAUS	(Month) (Day) (Yea	or) (Hour) 21E. INJURY OCCURRE	D 21F, HOW	DID INJURY OCCUR?						
UNDERLYING DUTING CAUS	1207									
UNDERLYING® UTING □ CAUS  21 D TIME OF INJURY (APPROX.)	1 1 '67	A m. WHILE AT NO	WORK E Fall	down stairs.						
UNDERLYING CAUSE  UTING CAUSE  ZID TIME OF INJURY (APPROX.)  22.					my apinian					
UTING CAUS  UTING CAUS  21 D TIME OF INJURY (APPROX.)  22. I certi	1 1 '67	Inquiry Inspection I		at an this basis, death In						
UTING CAUS  UTING CAUS  21D TIME OF INJURY (APPROX.)  22.   Certi	1 1 167  Ify that I held an ed fram: Natural ca	Inquiry Inspection I	Autapsy X and the	at an this basis, death In	ner _					
UTING □ CAUS  21 D TIME OF INJURY (APPROX.)  22. I certi result	1 1 167  Ify that I held an ed fram: Natural ca	Inquiry Inspection Suice	Autapsy X and the	Undetermined man	DATE SIGNED					
UTING CAUS UTING CAUS  210 TIME OF INJURY (APPROX.)  22.  I certi result  ACTUAL SIGNATU EXAMINI	1 1 '67  Ify that I held an ed fram: Natural ca	Inquiry Inspection Suice Accident Suice Market	ide Hamicide CHIEF MEDI	Undetermined man	ner _					
DUTING CAUS  UTING CAUS  21D TIME OF INJURY (APPROX.)  22.  I certi result  ACTUAL SIGNATU EXAMINI NAME (T	1 1 '67  ify that I held an ed fram: Natural co	Inquiry Inspection Suice Accident Suice Suice Market Marke	ide Hamicide CHIEF MEDI- D. ASSISTANT MEDI- ASSOCIATE MEDI	Undetermined man CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER	DATE SIGNED 1/5/67					
UTING CAUS UTING CAUS  210 TIME OF INJURY (APPROX.)  22.  I certi result  ACTUAL SIGNATU EXAMINI	1 1 '67  ify that I held an ed fram; Natural co	Inquiry Inspection Suice Accident Suice Suice Market Suic	and the ide Hamicide CHIEF MEDI  D. ASSISTANT MEDI  ASSOCIATE MEDI	Undetermined man CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER	DATE SIGNED  1/5/67					



BIRT	67 0142 TH NO. 64 28628 M	EDICAL FX	BALTIMORE CITY HEAT	LTH DEPARTMENT ERTIFICATE OF DEATH Register	67 0142 ~				
M.I	E. CASE NO.								
_	NAME OF DECEASED			2. DATE AND HOUR PRONOUNCE	D DEAD				
1 1 y		BRUCE B	ISHOP	January 6, 1967	8:25 A. M.				
3. F	PLACE IN BALTIMORE, MARYLAN		INCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if instit A. STATE	ution: residence before odmission)				
FUI	LL NAME OF (IF NOT IN HO	OSPITAL OR INSTITE	TION, GIVE STREET	Maryland					
НΟ	SPITAL OR ADDRESS OR	LOCATION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
	- 0			Baltimore 2 02					
1	University Ho	spital		D. STREET ADDRESS (If jurd, give locotion)					
5. S	SEX   6. RACE	T AAADBIED	NEVER MARRIED	1427 Washington Bou	Ievard  If Under 1 Yr. If Under 24 Hrs.				
J. 3	o. RACE		DIVORCED (specify)	Tuknoun lost birthdoys	Months Doys Hours Min.				
	Male White	, Sen		1964	26				
	. USUAL OCCUPATION (Give kind of during most of warking life, even if re	tired)		Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
3	Child FATHER'S NAME	none		Daltimore Md. M.S.A					
0.	of harles of	ishop la		L'O MAME					
5. 1	WAS DECEASED EVER IN U.S. A	RMED FORCES	16. SO CIAL	17. INFORMANT	ADDRESS A C. J. D.				
Yes	s, no or unknown) (If yes, give wor o	r dotes of service)	SECURITY NO.	2 1 1 1	5702 Cordella				
				no Matha Lishop	-une 13, ma.				
	18. E885 P		CAUSE	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITIO	N DIRECTLY							
	(This does not meon the mo	de of dying, e.g.,	(A)	Lead poisoning	. 0. 0				
	heart failure, asthenia, etc. It injury or complication which co	meons the diseose,	5 52 10						
	ANTECEDENT · CA	ALISES							
	DISEASES OR CONDITIONS,	IF ANY, GIVING	(B)DUE TO						
	UNDERLYING CONDITION L	(A) STATING THE							
Z			(C)						
CATION	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTION	ıc						
FIC	OTHER SIGNIFICANT CONDIT	T RELATED TO T							
CERTIFI	19A. DATE OF OPERATION 19B.		WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	DINGS CONSIDERED				
CE		SPERFORMED		IN CERTIFYING CAUSI					
YY!	21 A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	Yes Yes	e exoct locotion)				
DIC	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home etc.)	, form, foctory, street,	office bldg., INJURY OCCUR?	21-00				
MED	21 D TIME (Month) (Doy)	(Yeor) (Hour) 2	home	1417 Washington Bou	levard				
	OF INJURY (APPROX.) 10-66 to 1			WHILE	1				
	I certify that I held o	I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death In my opinion							
	resulted from: Noture	resulted from: Notural couses Accident X Suicide Homicide Undetermined monner							
	CHIEF MEDICAL EXAMINER  DATE SIGNED								
	SIGNATURE US	uls Jo	Soul M.D	ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
	EXAMINER'S Char	100 6 6-		ASSOCIATE MEDICAL EXAMINER	1066				
22.6			ingate, M.D.		nuary 6, 1966				
	BURIAL CREMATION, 238. DA	231	C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City,	town, or county) (Stote)				
7	Jurial 1/9	167 7	nd. alivet	toem. 2930 meke	rick-line				
244	A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS 98 00				
	SAN 9 1967	Older & 8	Falling.	Defin Not and	and Holling				
VS	151-REV. 1/1/65	4 3 4		and a court to	774				
	170	6 0			35, Ma.				

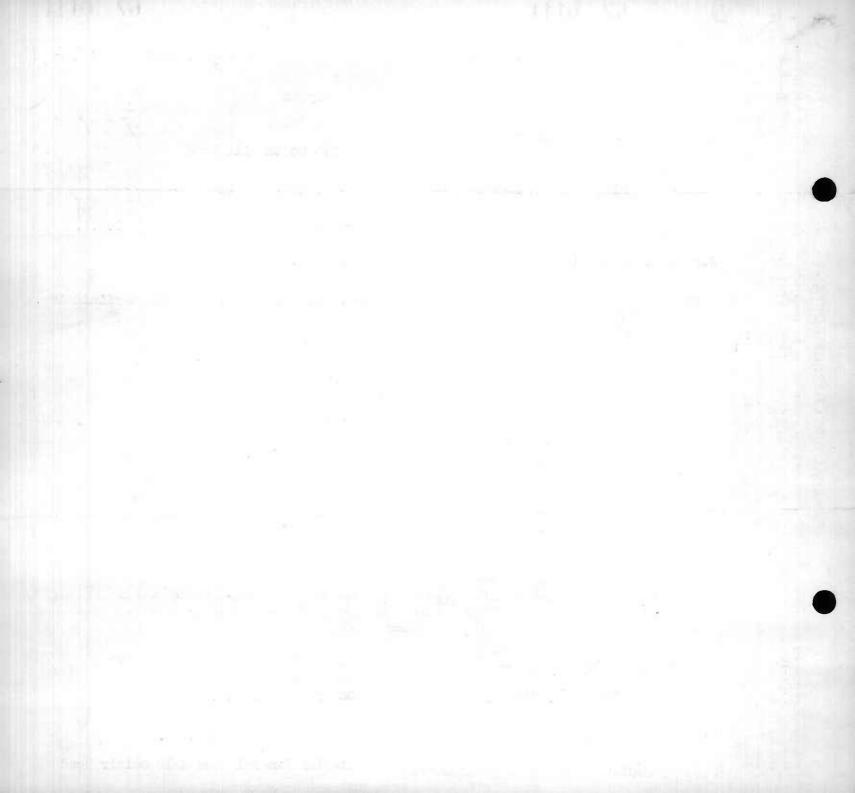


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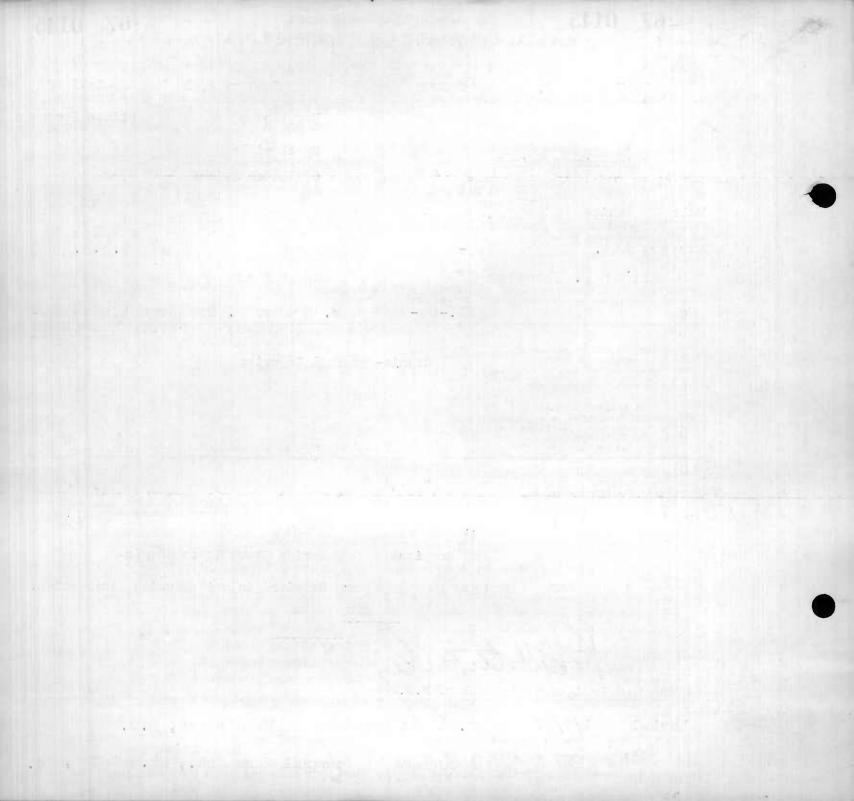
eceased the body shows: SD

VS 150-REV. 1/1/65

Registered Na. January 5, 1967 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Mrs. Anna B. Simms, 3202 Chesterfield Ave. INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Bottimore City, give exact location) apinian death accurred an the date 23 B. DATE SIGNI (City, town, or county) (Stote) Baltimore, Md. ADDRESS Ullrich Funeral Home 4210 Belair Road



M.E. CASE NO.	CEACED				T. = := :			
1. NAME OF DE		т	THOMOON			HOUR PRONOUNG		1:15 P
	DANIEL TIMORE, MARYLAN	D, WHERE PRONG	THOMPSON DUNCED DEAD	4. USUAL RES		ry 4, 196		ce befare admission)
				A. STATE	Maryland	B. CO	UNTY	nce George'
HOSPITAL OR	ADDRESS OR	LOCATION)	TUTION, GIVE STREET			carparate limits, wri		
					Hyattsvill		6	6-00
3 %	University	Hospital		11	DRESS (If rural, gi			
5. SEX	6. RACE	7 AAA PRIFE	D, NEVER MARRIED	8. DATE OF BIS	5222 20th	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
			, DIVORCED(specify)	,		lost birthday	Months Do	ys Hours Min.
Male	White	Ne Ve	er married OF BUSINESS OR INDUSTRY	11/30			12. CITIZEN	OF
done during most of	warking life, even if re					00 0111177	WHAT	COUNTRY?
NUI'S TY					MAIDEN NAME		Uei	S.A.
A	rthur L.	Thompson	n	An	n Haynos	3		
15. WAS DECEAS	ED EVER IN U.S. A	RMED FORCES?	16. SOCIAL	17. INFORM ANT			ADDRESS	
No	in yes, give war a	r dules of servicer	215-52-728	6 Mr.	Arthur 1	L. Thomps	son (al	oove add
(This does	LEADING TO D	de of dying, e.g.	DUE TO	-cerebral	l Injuries	}		
DISEASES RISE TO TH	not mean the mac, asthenia, etc. It is implication which co ANTECEDENT CA OR CONDITIONS, IE ABOVE CAUSE (NG CONDITION L	de of dying, e.g. means the disease used deoth.)  AUSES , IF ANY, GIVING (A) STATING THE	(B)	-cerebra	l Injuries			
DISEASES RISE TO THUN DERLYI	not mean the mac, asthenia, etc. It is implication which co ANTECEDENT CA OR CONDITIONS, HE ABOVE CAUSE ING CONDITION L	de of dying, e.g. means the disease used deoth.)  AUSES , IF ANY, GIVING (A) STATING THE AST.	(B) DUE TO (C)	-cerebra	l Injuries			
DISEASES RISE TO THUN DERLYI  OTHER SIG	not mean the mac, asthenia, etc. It is implication which co ANTECEDENT CA OR CONDITIONS, It also condition to the condition of the condition of the condition of the condition of the condition can be condition can be condition can be conditioned as the conditioned as t	de of dying, e.g. means the disease used death.)  AUSES , IF ANY, GIVING (A) STATING THE AST.  IONS CONTRIBUTIT RELATED TO USING IT.	(B)(C)		, i = 1			
DISEASES RISE TO THUN DERLYI	not mean the mac, asthenia, etc. It is implication which co ANTECEDENT CA OR CONDITIONS, at ABOVE CAUSE ING CONDITION LISTING CONDITION CONDITION CONDITION CONDITION CAUSE CONDITION CAUSE CONDITION CAUSE CONDITION CAUSE CONDITION (AF OPERATION) 198.	de of dying, e.g. means the disease used death.)  AUSES , IF ANY, GIVING (A) STATING THE AST.  IONS CONTRIBUTIT RELATED TO USING IT.	(B) DUE TO (C)	20A. AUTOP:	SY? (Yes at Na)  20   IN	B. IF YES, WERE F		H?
DISEASES RISE TO THUN DERLYI  OTHER SIG TO THE DISEASE OF THE DISE	not mean the mac, asthenia, etc. It is implication which co ANTECEDENT CA OR CONDITIONS, at a BOVE CAUSE ON CONDITION LIST CONDITION CAUSE OF CONDITION CAUSE CONDITION CAUSE CONDITION CAUSE CONDITION CAUSE WAS	de of dying, e.g. means the disease used deoth.)  AUSES , IF ANY, GIVING (A) STATING THE AST.  IONS CONTRIBUT TRELATED TO USING IT.  CONDITION FOR S PERFORMED	(B)	20A. AUTOP: Yes	SY? (Yes at Na)   20   IN   S   WHERE DID (If	B. IF YES, WERE F CERTIFYING CAU	JSES OF DEAT	H? Yes
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RGB

	04 04 40		BALTIMORE CITY	HEALTH DEPARTMENT		67 0146
BIRTH NO.	67 0146		CERTIFICA	TE OF DEATH	Registered No	07 0145
M.E. CASE N				2, DATE	AND HOUR OF DEATH	
Type or Print)	William	Harry R	ollins		Jan. 5, 1967	3: 50 A
. PLACE OF	DEATH IN BALTIMORE, MA			A. STATE B. COL	here deceased lived. It ins	titution: residence before admission
FULL NAM	OR oddress or locotion	or institution.	give street	C. CITY OR TOWN (IF	outside city limits, write R	URAL and give township)
US Pub	lic Health Serv	ice Hos	nital	Baltimo		6-01
Wyman	Pk. Drive & 31s	t Stree	t		ough Street	#31
SEX M	6. RACE	WIDOWED	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 7/17/98	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	DCCUPATION (Give kind of work		Married			12. CITIZEN OF
one during mo	ps of working life, even if retired) khand		Seafarer	Michigan		WHAT COUNTRY?
. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	uis Rozonjowski			Agnes No	vak	
es, no or unk	nased Ever in U. S. Armed For nown) (If yes, give wor or dote	cos? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	He Due Hand	ADDRESS
Yes			186-18-6566	Catherine Rol	lins, wife, al	
18.4	20.01		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DI	SEASE OR CONDITION DIE LEADING TO DEATH	RECTLY		ngestive heart		Days
heart fai	es not meon the mode at lure, asthenio, etc. It meons	the diseose,		clinical, with		
injury or	complication which coused	deoth.)	Aı	carditis rteriosclerotic	heart diseas	se Years
UNDERL	the obove couse (A) YING CONDITION lost.  II SIGNIFICANT CONDITIONS CE E DEATH BUT NOT RELA	ONTRIBUTING	G	ronic bronchiti	S	Years
	OR CONDITION CAUSING	Т.	4.4411	physema		Years
19A. DAT	E OF OPERATION 198. CON		WHICH OPERATION	yes or	No) 208. IF YES, WERE F IN CERTIFYING CAU YES	INDINGS CONSIDERED ISES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	218. hometc.	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIM	E (Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID II	NIURY OCCUR?	
OF INJU	RY		ile At Not Whil			
22 1 00	aifu ahaa (1) (ahic bacaisa	) sees dad a	he deserted from	Ton /	10 67 Ta	n. 5 19 67
				67		170.4
	(we) last saw the decease					ion deoth occurred on the d
and hou	r and from the couses sta	red obove.	() (We) (did) (dj/d/n/cy)/	riew the body ofter death	1.	
23A. SIGI	NATURE //					238. DATE SIGNED
177	X 11. M.	10	M.D. Atte	ending Med. Director	Stoff Phys. X	1/5/67
23 C. PHY	ΛΕ (Type)	Q=, Q=		23D. ADDRESS		
	ohn N. Petrucci				tal, Balto, M	
Buria.	CREMATION, 248. DATE (Specify) 1 1/7/67		ame of cemetery of cri Holy Redeemer		Baltimor e	y, town, or county) (State)
SA. DATE R	EC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
			2, Fallyma	Schimunek Fu	ineral Home. E Madison St	Inc.
E 150 B51		Material	E, Handen and	12001-03-09 1	Madison St	reet #5
/\$ 150-REV.	1/1/63					

K	-1	6	3
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the or	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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	in a	cause	ior to
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	th oc	detern in reg	eceds on is r
	if dec	4) Und was	the d
TANI	istant he dir	kind; (	nal dis
POR	is assi	any k	andand or fi
¥	r. Alse	ure of	r atte
FUNERAL DIRECTOR: IMPORTANT	amine	A fract	regula e emb
DIRE	cal ex	s; (3)	ins ar
RAL	f medi medic	burn physic	an we
UNE	e chie	Body the	hysicion or the
	by the	ve; (2	No p
	roved ne hos	y nate xcept	and (6
J	d to th	t of an	t be o
	must k	ciden	to dec
	icate was re	An ac	deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.
	certif body	WS: (1)	ten at
	This the	shov	dece

	67 014	ry	BALTIMORE CITY	HEALTH DEPARTMENT		67 01 AM
MRTH NO.	07 014	1	CERTIFICA	TE OF DEATH	Registered Na.	67 0147
NAME OF DEC	CEASED			2. DATE	AND HOUR OF DEATH	
Type or Print)	Loretta	Ruppert			1- 5- 1967	7 P.
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived, if i	nstitution: residence before admission
				A. STATE B. CO	UNTY	
FULL NAME OF	OF (If not in hospital oddress or location	or institution, gr	ve street			
INSTITUTION	0001000	•		C. CITY OR TOWN	outside city limits, write	RURAL and give township)
01	· .			Baltimore,		6-01
()(	4312 Glena	erm Aveni	ae	D. STREET ADDRESS	(If rurol, give location)	
				1372 (Flanar	m Avenue #6	
SEX	6. RACE		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female	White		owed	3- 22- 1895	77	7710711113
A. USUAL OCC	UPATION (Give kind of world	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
one during most of	working life, even if retired)		k			WHAT COUNTRY?
Housewi		House	vife	Baltimore,	Maryland	U.S.A.
FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	Fredr.	ick W. He	eonard	THE DIE CO.	Amelia G	all am
. Was Decensor	d Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	WHETTS OF	ADDRESS
es, no or unknow	n) (If yes, give wor or dote	es of service)	SECURITY NO.	IV. INFORMANT		ADDRESS
No			215-36-1386	Mrs June Pay	ne 4312 Glena	arm Avenue
1B. 1 C	OXI		CAUSE O	F DEATH	110 (1) 110 (1), CII	INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	DECTI V	0	0	TT	ONSET AND DEATH
DISEA	LEADING TO DEATH	KECILI	CONO	level 1110	hostotes	2 100 001 18
(This does	not mean the mode of	dying, e.g.,	DUE TO		^ ^	1 20 0000.0
heart foilure,	, osthenia, etc. It means mplication which coused	the diseose,	Al Lo	und so	ll colle	ee (?
injury or col			0110	20000		
	ANTECEDENT CAUSES		DUE TO	~ K - K	~ K ===	
	OR CONDITIONS, if			2+ K: 1	11101	4
	G CONDITION last.	staling the	(C)	101100		
ONDERLIN	G CONDITION last.				<u> </u>	
2 0 0 0 0 0		0.1170151				
	DEATH BUT NOT RELA					
	CONDITION CAUSING	IT.		Too	NI V ann in	
19A. DATE O	F OPERATION 198. CON		HICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE O						
OR CONTRIB	UTING CAUSE OF	218.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)
DEATH (notif	y medicol exominer)	etc.)	, totti, rocioty, sireel, or	Diograma oki occok:		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	MILIBY OCCUPS	
5 01 1110011			e At Not While		NORT OCCUR!	
(APPROX)		Work	At Work		17 1	
22. 1 certify	y that (1) (this haspita	l) attended the	e deceased from:	ulle 15	1006 10	Ul 6 10 6
			Loca GRE	10 67	""	
	) last saw the decease	(	The contract of	•		inian death accurred an the da
		ted abave. (1)	(We) (dld) (did nat) v	iew the bady after deat	h.	
23A. SIGNAT	URE DO	0 5	0	4		23 B. DATE SIGNED
	XUU	TO.		nding Med.	Stoff	
23C. PHYSICI.	ANT	1	Phy	Director Director	Phys.	
RICH	Tyne)	ED			A A SEED TO A T	mo M
KICH	ARD R. RIGI	D.T.	M.D.	1 W. OVERLE	EA AVE. BAI	TO., MD.
4A. BURIAL CR		24C. NA	ME of CEMETERY or CRE	MATORY 24D.	LOCATION	ity, town, or county) (State)
REMOVAL	7 7 0 706					
Buri	1 / 1/0		timore Cemete		Baltimore	Md.
SA. DATE REC'E	BY HEALTH DEPT.	258. NAME O	700 ( 100 ) ( 100 ) ( 100 ) ( 100 )	25C. FUNERAL DIRECT	O R	ADDRESS (36
.14	N 9 1967 (P	Die 15 8	Jane Ma	Las som	mald language	17401 B.C. Bon A
'S 150-REV. 1/1.	/65			The state of the s	THE PARTY	The state of

Cerebral que haden. of remain early expression inionit +i Jones of the format

23C. NAME OF CEMETERY OF CREMATORY

<u>Hebrew Young Men</u>

24B. NAME OF REGISTRAR

23D. LOCATION

24C. FUNERAL DIRECTOR

(City, town, or county)

Baltimore, Maryland

sol Levinson & Bros. Inc., 6010 Reist., Rd.

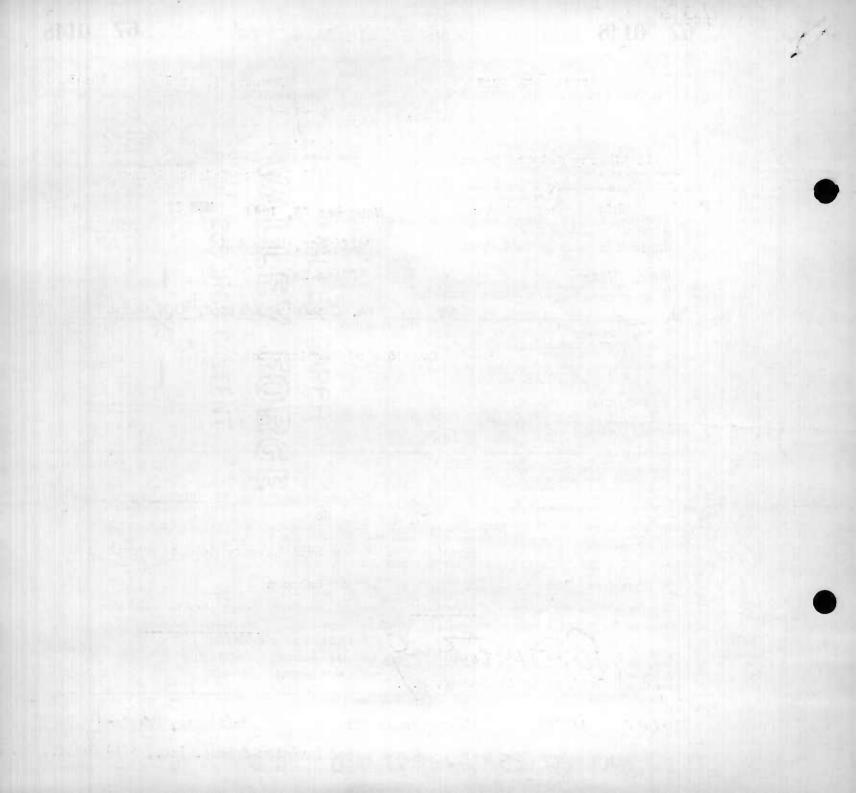
(Stote)

23A, BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/65

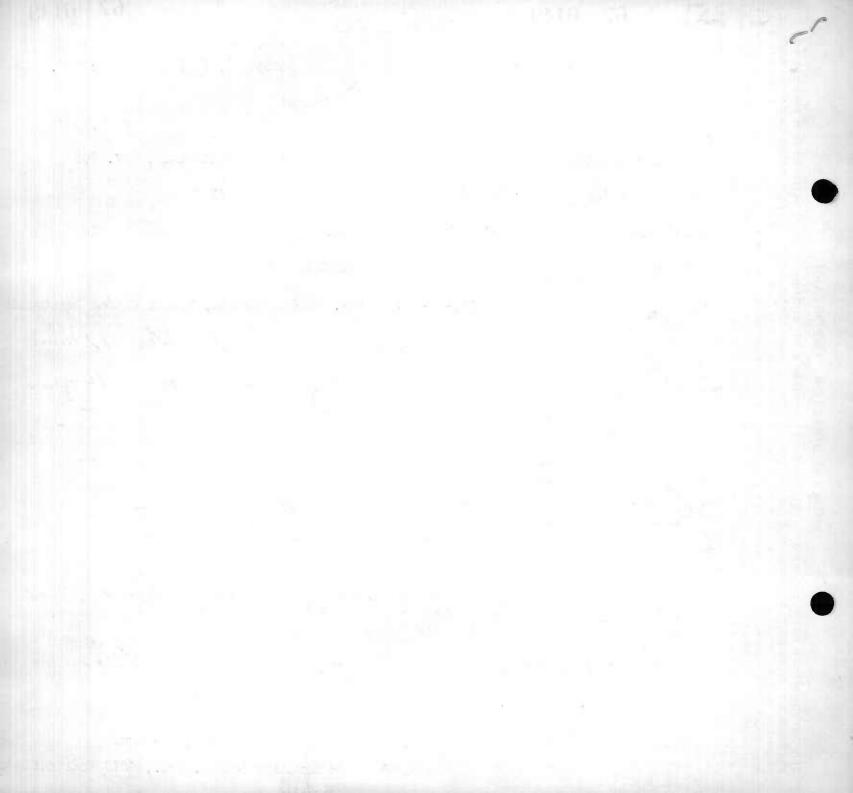
23B. DATE



IMPORTANT

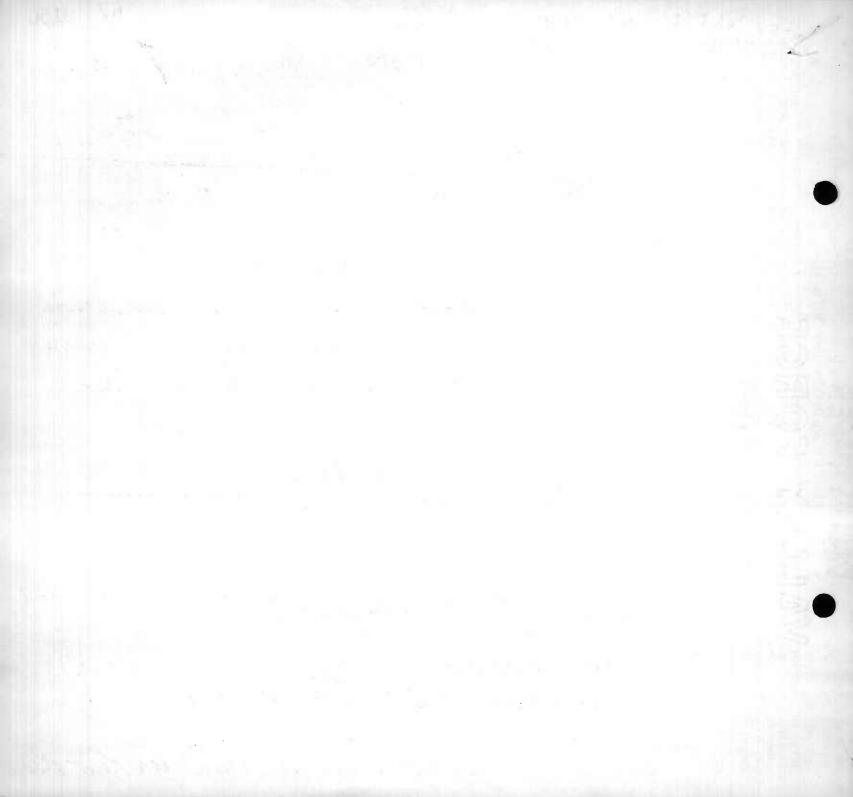
DIRECTOR:

FUNERAL



24

10 00 01-0	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 0150
BIRTH NO. 67 0150	CERTIFICA	ATE OF DEATH	Registered No.	0. 01.00
M.E. CASE NO.  I. NAME OF DECEASED  Type or Print)	hilip Jacos	VIA.	and Hour of DEATH	
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESPONCE IV	here exceased lived. If	institution: residence befare admission)
FULL NAME OF (If not in hospital or oddress or location)	institution, give street	Maryland C. CITY OR TOWN III		RURAL ond give township)
Since of	spital	Baltino	re	27-20
42		D. STREET ADDRESS 4008 GL	(If rural, give location) engyle Avenue	2
Male Charle 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 one during most of working lite, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Retail	Russia		USA
3. FATHERS NAME		14. MOTHER'S MAIDEN	NAME	
Max Jacobs		Esther	?	
S. Was Deceased Ever in U. S. Armed Forces es, no or unknown) (If yes, give wor or dates of	? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
44		Her Hallin	Tanaha 1000	Characha Amarica
NO 18. 42 0, / 1		OF DEATH	<u>Jacobs</u> , 4008	Glengule Avenue Interval Between ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY (A)	nonary d	columis	15 min
(This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or Complication which caused do	e disease,	it bel c	Valeriane	1042
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any	and the same of th			
rise to the above cause (A) st UNDERLYING CONDITION lost.	oling lhe (C)			
11		Λ		
OTHER SIGNIFICANT CONDITIONS CONTOUR TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.		Parkinsoni	m	
	TION FOR WHICH OPERATION	20A. AUTOPSY? IYes ar	No) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, torm, factary, street, etc.)	, in or obout 21 C. WHERE DIE office bldg., INJURY OCCUR	(If in Boltimo	ore City, give exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (			INJURY OCCUR?	
IAPPROX)	While At At Wa			1
22. 1 certify that (1) (this haspital) of	ittended the deceased from	6/2	1966 10	1/4 1967
that (I) (we) last sow the deceased	, /	4 19 6 7 and		pinion death occurred on the dot
ond hour ond fram the couses stoted	/			
23A. SIGNATURE	obove. (i) (we) (did) (did nat)	view the body differ ded	rn.	23 B. DATE SIGNED
Mames F	Filelman M.D. A	ttending Med.	Stoff	1/4/17
23C. PHYSICIAN'S	man and	23 D. ADDRESS	Phys.	1//0/
NAME (Type)	To we		- A1-1	
AA. BURIAL CREMATION, 24B. DATE	ELDMAN JR M.C	211 1.0010		City, town, or county)     State)
REMOVAL (Specify)			· LOCATION	
Burial 1/5/67	Beth Isaac Adath	Israel 125C. FYNERAL DIREC		aryland
JAN 9 1967 Q	But E. Jalan	Soldenso.	Older -	6010 Keist Roas
/S 150-REV. 1/1/65				



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IMPORTANT

FUNERAL DIRECTOR:

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THE PLAN ALLEGORICATIONS

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hospital

IMPORTANT

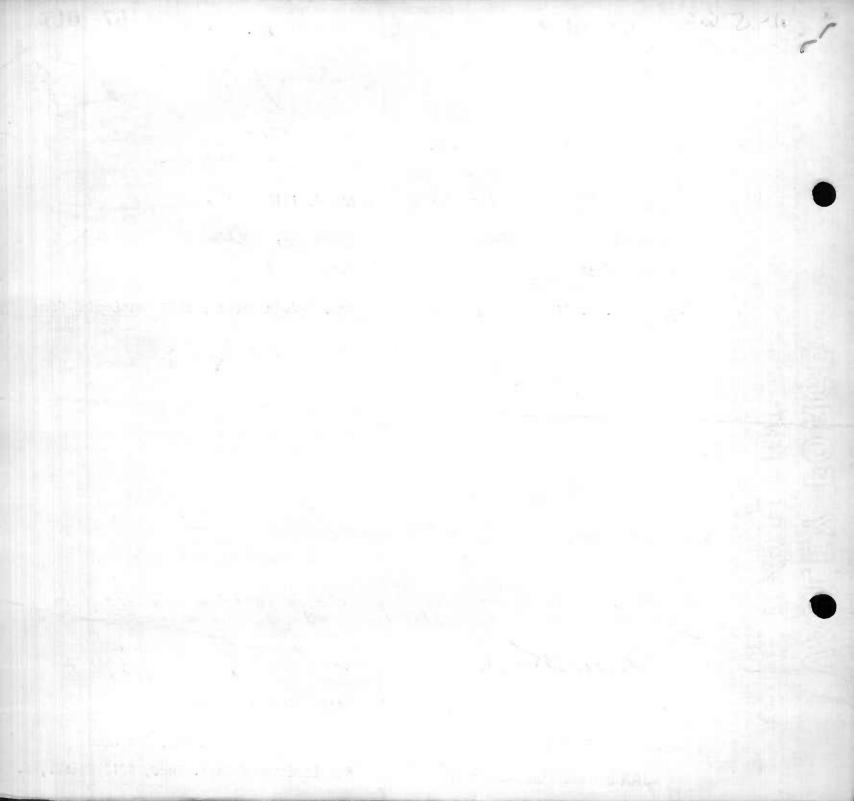
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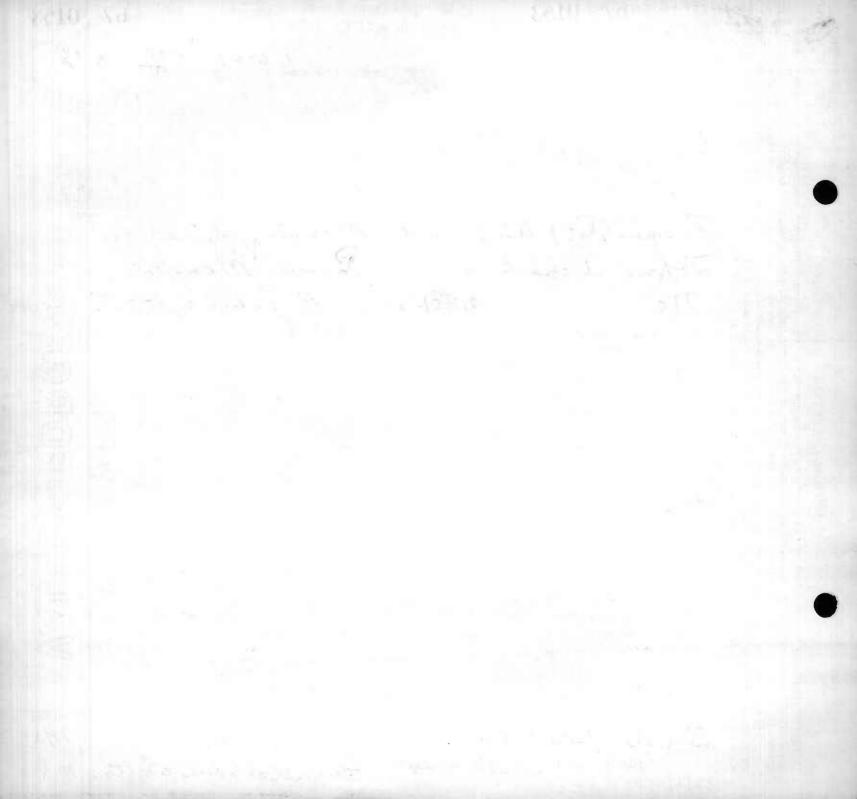
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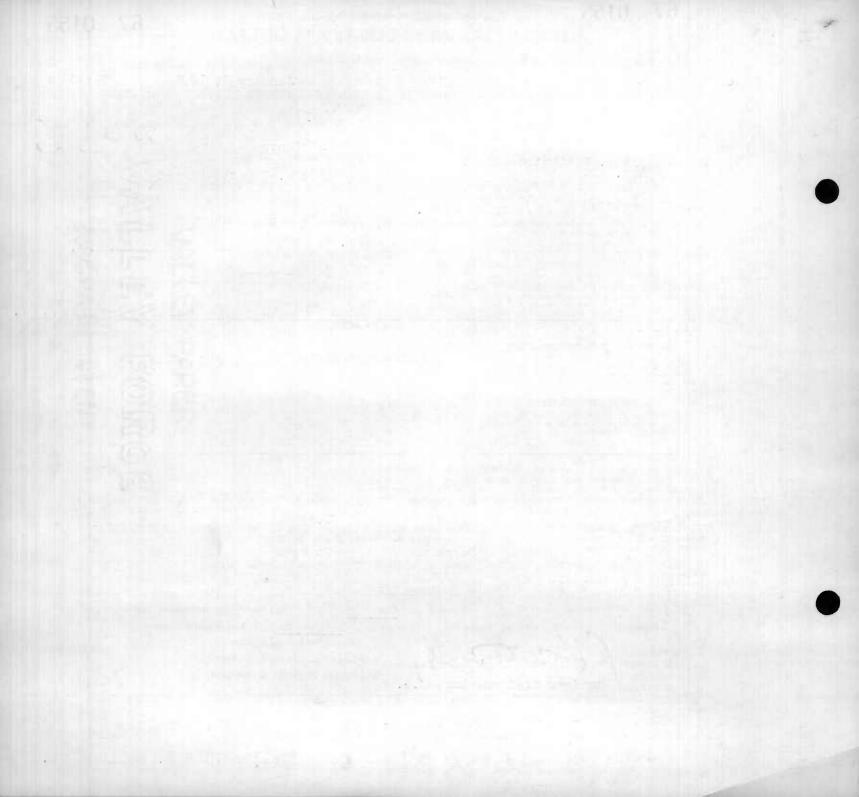
BIRTH NO.				67 015
	CERTIFICA	TE OF DEATH	Registered Na.	01 010
M.E. CASE NO.  1. NAME OF DEGEASED			ND HOUR OF DEATH	L- 10
(Type or Print) INTHONY 1616/10	RASON	1-6	-67. 3	3 7
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	10/100	4. USUAL RESIDENCE (Whe	ee deceased lived. If in	stitution: residence before odmi
		A. STATE B. COUR		No Ol
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	, give street	1114	15/4	1 TOURS OF C
INSTITUTION	1. / 1	C. CITY OR TOWN (If or	itside city limits, write	RURAL ond give township)
Q // NUVERSILY OF //	DRYLAND	D. STREET ADDRESS (III	tural give location)	63-20
O Root Division	HOSP	D. STREET ADDRESS 7	foroi, give locotton/	
MALTIMORE		/(/ 2	1	T
	D, NEVER MARRIED SED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours A
10 11/1	ARRIGD	3511-00	66	
OA. USUAL OCCUPATION (Give kind of work 10B, KIND (	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Line (18.4) 7/5	4	ma	) A	1154
3. FATHERS NAME	of overment	14. MOTHER'S MAIDEN NA	mt.	10000
TO PI		750	12.0	
Johnny Wich as do	en-)	Dosie	Mona	ne
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
no	212 01 11 40	D. 71 P	100	042 T
18.	CAUSE O	E DEATH	saraam,	INTERVAL BETWEEN
3/8/	CAUSE	The state of the s		ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/1	und Pailur	-	The state of the s
(This does not meen the made of dying, e.g.	DUE TO		## 0 <sup>9</sup> ## ## 00 00 ## 00 # 00 0 0 0 0 0 0 0 0	•••=•••
heart failure, osthenio, etc. It means the diseas				- 17/49
injury ar camplication which caused death,)	105	100 HYDOT	ENSION	
ANTECEDENT CAUSES	DUE TO	······································		
DISEASES OR CONDITIONS, if any, givin		RITONITIS	20 120	21 1001
rise to the obave cause (A) stating the UNDERLYING CONDITION lost.	e (C) / C		1000	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG	1 -15	21	1
TO THE DEATH BUT NOT RELATED TO T		arales In	rall B	owef
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
		ZUA. AUTOPST? (Tes of N		LIMDING? COMPLEKED
WAS PERFORMED	w.715	AUTOPSY? (Tes of N	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 22	18. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID		USES OF DEATH?
12/27 4/2/30   WAS PERFORMED   EXITO	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of	n or obout 21 C. WHERE DID		USES OF DEATH?  e City, give exect locotion)
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)	n or obout 21C. WHERE DID	(If in Bottimon	USES OF DEATH?
VAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomined)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)  1E. INJURY OCCURRED	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Bottimon	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)  1E. INJURY OCCURRED  While At   Not While	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Bottimon	USES OF DEATH?
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  22. I certify that (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abaye.	IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tec.)  IE. INJURY OCCURRED  While At Not Whith At Work  the deceased fram  (W.1) (did) (did not) v.  M.D. Atte.	n or obout 21C. WHERE DID ffice bldg,, INJURY OCCUR?  21F. HOW DID IN.  19	JURY OCCUR?  19 6 ta api	e City, give exoct locotion)  19
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12/27 4/230   WAS PERFORMED   CAUSE OF   C	IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tec.)  IE. INJURY OCCURRED  While At Not While At Work  the deceased fram  (V) 1965 (did) (did not) v  M.D. Atter	n or obout 21C. WHERE DID ffice bldg,, INJURY OCCUR?  21F. HOW DID IN.  19	JURY OCCUR?  19 6 ta api	e City, give exact location)  19
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  22. I certify that (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abaye.  23A. SIGNATURE	The PLACE OF INJURY (e.g., in ome, form, foctory, street, of tec.)  The INJURY OCCURRED  While At Not White At Work  The deceased fram  (V) (We) (did) (did not) white At Work  M.D. Atte	n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR?  21F. HOW DID IN.  19	JURY OCCUR?  19 6 ta api	e City, give exact location)  19
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour) CAPPROX.)  22. I certify that (M) (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abaye.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  WAS PERFORMED  (Hour)  21A. ACCIDENT WAS UNDERLYING PROVIDED TO PROV	The PLACE OF INJURY (e.g., in ome, form, foctory, street, of tec.)  The Injury Occurred  While At Not While At Work  The deceased from Source  M.D. Atternation of the Phy  M.D. Atternation o	n or obout 21C. WHERE DID ffice bidg, INJURY OCCUR?  21F. HOW DID IN.  19	OURY OCCUR?  19 66 ta 67 hat in (my) (out) api	e City, give exoct locotion)  19
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WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   2: OR CONTRIBUTING   CAUSE OF DEATH (notify medical examines)   2: OF INJURY (APPROX.)  22. I certify that (M (this haspital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abaye.  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  25A. DATE RECORD BY HEALTH DEPT. 25B. NAME	IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tec.)  IE. INJURY OCCURRED  While At Not White At Work  the deceased fram  (W.196) (did) (did not) v  M.D. Atte Phy  M.D. NAME of CEMETERY or CRI	21F. HOW DID IN.  21F. HOW DID IN.  21F. How DID IN.  21F. How DID IN.  22D. ADDRESS  EMATORY  24D. I	Stoff Physics OCCATION (C	ity, town, or county)  (City, give exact locotion)  19  23B, DATE SIGNED  (S)  (S)
21A. ACCIDENT WAS UNDERLYING 21OR CONTRIBUTING CAUSE OF DEATH (notify medical examined of INJURY (APPROX.)  22. I certify that (Month) (Doy) (Year) (Hour) 21OF INJURY (APPROX.)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A/ BURIAL CREMATION. 124B. DATE 124C.	IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tec.)  IE. INJURY OCCURRED  While At Not White At Work  the deceased fram  (W.196) (did) (did not) v  M.D. Atte Phy  M.D. NAME of CEMETERY or CRI	n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR?  21F. HOW DID IN.  19 and the price of the p	Stoff Physics OCCATION (C	e City, give exoct locotion)  19  Inian death accurred an the



	(14)	4	BALTIMORE CITY			h. /	
IRTH NO.	67 01.54	ł.	CERTIFICA	TE OF DEATH	Registered Na	67	01.04
A.E. CASE NO.	ASED			2 DATE	AND HOUR OF DEATH		
Type or Print)	LAWREN	ICE E.	MOON	2. 0410	1-6-	- 671	11:00 P. M
PLACE OF DEAT	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W A. STATE B. COI	11 NOTV	nstitution; reside	
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location		e street		outside city limits, write	RURAL ond giv	e township)
def	2/-00	tal 87	Mariland	D. STREET ADDRESS	limore	16-	05
carried the	ran Hospu	una of	1 tonder	130/ /	Noveland	ave	
Male	While	WIDOWED	EVER MARRIED DIVORCED (specify)	4-5-88	9. AGE (In years lost birthdoy)	If Under 1 Months Do	rs Hours Min.
	orking life, even if retired)	Centels	USINESS OR INDUSTRY	Dacko 1	md	12. CITIZEN	OF COUNTRY?
3. FATHER'S NAM	E M	NOW		14. MOTHER'S MAIDEN N	IAME		
5. Wos Deceosed	Ever in U. S. Armed For	rces?	6. SOCIAL	17. INFORMANT	4	AD	DRESS
Yes, no ar unknown)	(If yes, give war or date	es of service)	SECURITY NO.	Joseph J. K	A52er- 3	711 80	hods le A
18. 190	17.1		CAUSE C	DEATH		INT	RVAL BETWEEN SET AND DEATH
i i	E OR CONDITION DI		Mes	astasis mali	quant mel	accoma	
heoit failuie, a	ol mean the mode of asthenia, etc. It means	the diseose,	DUE 89	right life in	oughy,		
liminus		I dooth )	1/4/	/ // //	. 19 /1 - 1/	400	
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BIRTH NO.	0155 MEDI		SALTIMORE CITY HEA			EATH Registe	67 red No.	015	5
M.E. CASE NO.									
1. NAME OF DI (Type or Print)	ROBERT	М	AHONEY			y 7, 1967		1:45	P
	LTIMORE, MARYLAND, W			A. STATE	vland	eceosed lived, If insti B. COU		e before od	lmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL ond g	ive townshi	ip)
00	755 W. Lexing Apt. 302	ton Str	eet	D. STREET ADD		ette Stree	t	600	
s. sex Male	Colored	WIDO WED, I	NEVER MARRIED DIVORCED(specify) Led-Sep.	8-8-13	Н	9. AGE (In years lost birthdoy) 53	Months Doy		
	CUPATION (Give kind of work f working life, even if refired)	IPB. KIND OF	BUSINESS OR INDUST		(Stote or foreign	country)	12. CITIZEN C	OUNTRY?	
3. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAME				
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT Anna W	right	130 Shar	address onick-	Phila	Pa
(This does	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons omplication which caused	dvina e.a.		Wound of B			INT	ERVAL BET	WEEN
RISE TO T	ANTECEDENT CAUSES OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST.	NY, GIVING	(B)						
Ě									

2111	I NAME OF	HE NOT IN HOSPI	TAL OR INSTITU	UTION, GIVE STREET		Maryland			
NS	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOC	ATION)	OHON, GIVE SIKEEL	C. CITY	OR TOWN (If outside	corporate limits, write	RURAL	nd give township)
						Baltimore		14	-02
4	00	755 W. Lexin Apt. 302	gton Str	eet	D. STREET ADDRESS (If rurol, give location)				
(					1554 W. Fayette Street				
5. S		6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthday) 53	Months:	Doys   Hours   Mir
_	Male	Colored		ied-Sep.	8-8	-13			
		UPATION (Give kind of wo working life, even if retired		F BUSINESS OR INDUST	RY 11. BIRTH	RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			EN OF
		Ž.,	.7		Va.				I.S.A.
3. F	FATHER'S NAN	ΛĒ			14. MOTH	ER'S MAIDEN NAME			
		Of the state of th		16, SO CIAL SECURITY NO.	17. INFOR	MANT		ADDRESS	
					Ann	a Wright	130 Shar	onick	-Phila.
	1B.	5 0 V		CAUS	E OF DEA		. , 0 0.1.0.1	32.2.01	INTERVAL BETWEEN
	DICEA	SE OR CONDITION I	NOCCTLY						ONSET AND DEAT
		SE OR CONDITION DEAT	Ή	(A) Stab	Wound	of Back		7	
	(This does in heart foilure	not mean the mode of , asthenia, etc. It mean mplication which caused	of dying, e.g.,	DUE TO			*************************		
	injury or co	mplication which coused	d deoth.)			3			
	1	ANTECEDENT CAUS	ES	(B)				25.0	
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO					
	UNDERLYIN	NG CONDITION LAST	·					1.3	
5				(C)					
Ŧ	OTHER SIG	II NIFICANT CONDITION	S CONTRIBUTE	NG					
	TO THE	DEATH BUT NOT R	ELATED TO T	HE					
CERTIFICATION				WHICH OPERATION	20A. A	UTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS C	ONSIDERED
Ü	2)	WAS PE	RFORMED			Yes	IN CERTIFYING CAUS	ES OF DE	Yes
¥.	21A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	, in or obout		f in Boltimore City, gi-	ve exoct lo	
2	UTING CAU	SOR CONTRIB-	etc.)	Unknown	office bidg.	Unknown			
MEDI	21 D TIME	(Month) (Doy) (Ye	or) (Hour) 2	TIE. INJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?		
	OF INJURY (APPROX.)	1 7 '67	7 2 10	WHILE AT TO NOT	WHILE	Was stabbe			
	22.	1 / 0/	• <del>I</del> m. \	WORK AT	WORK	nab scappe			
	1 cer	tify that I held on	Inquiry	Inspection A	utopsy	and that an this	s bosis, deoth in m	y opinio	n
	resul	ted from: Notural c	ouses A	Accident Suici	de	Homicide X U	ndetermined monne	or _	
		111	- 1	- 0	СН	IEF MEDICAL EX	AMINER		DATE SIGNED
	SIGNAT		Wills	stres "	ASSIST	ANT MEDICAL EX	AMINER K		DATE SIGNED
	EXAMIN	JED'S				ATE MEDICAL EX			1/0/67
	NAME (	Type) Rudiger		necker, M.D.					1/8/67
3A	AOVAL (Specif	MATION, 238 DATE	23	C. NAME OF CEMETERY	or CREMAT	ORY 23 D. LC	CATION (City,	town, or	county) (Stote)
	Buri	äl   1- 1	3-67	Church Cem	eterv	01	dham, Vir	ginia	1
4A	. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR		FUNERAL DIRECTOR	was your		ADDRESS
	.1	AN9 1967	DO CAN	2 Falleman	0 00	onto [tol4	on 131.8 M	Col	lhoun St
		1001	INOSON .		46	orge Kels	OII 1340 M	· va_	LITOUIT DU.
15	151-REV. 1/1/	65	4.2						
		/ 4	1	Control of the last of the las			Control of the latest and the latest		

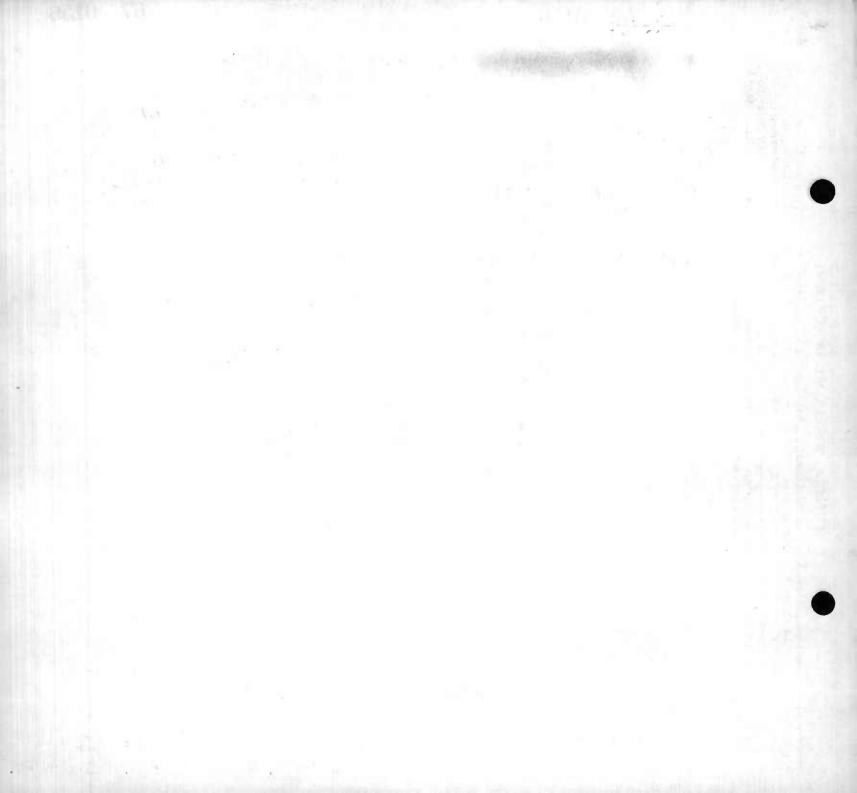


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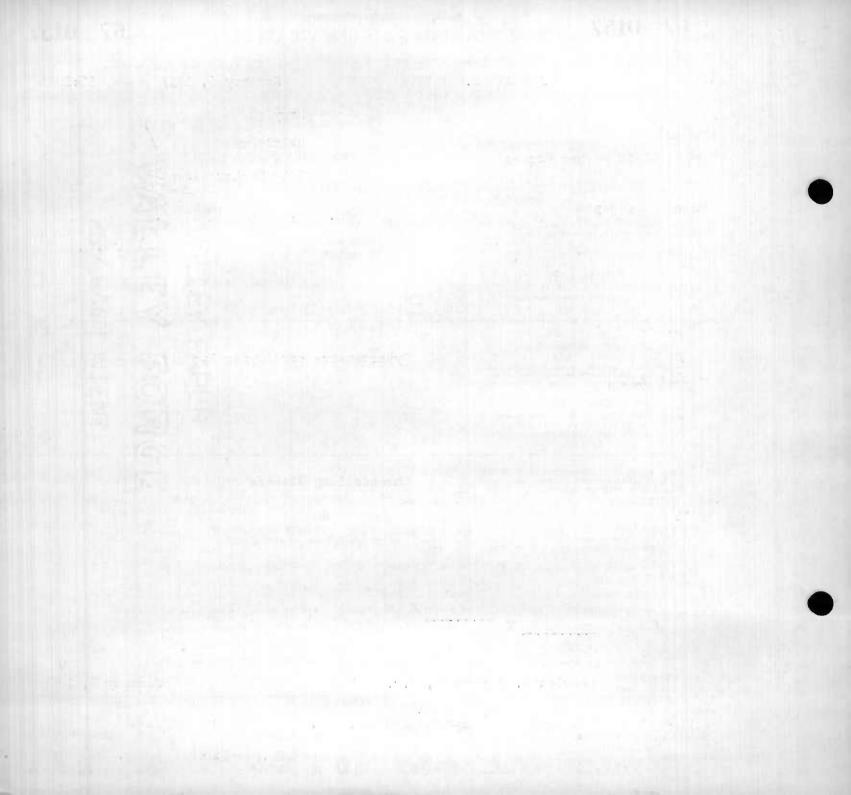
DIRECTOR:

FUNERAL

approved

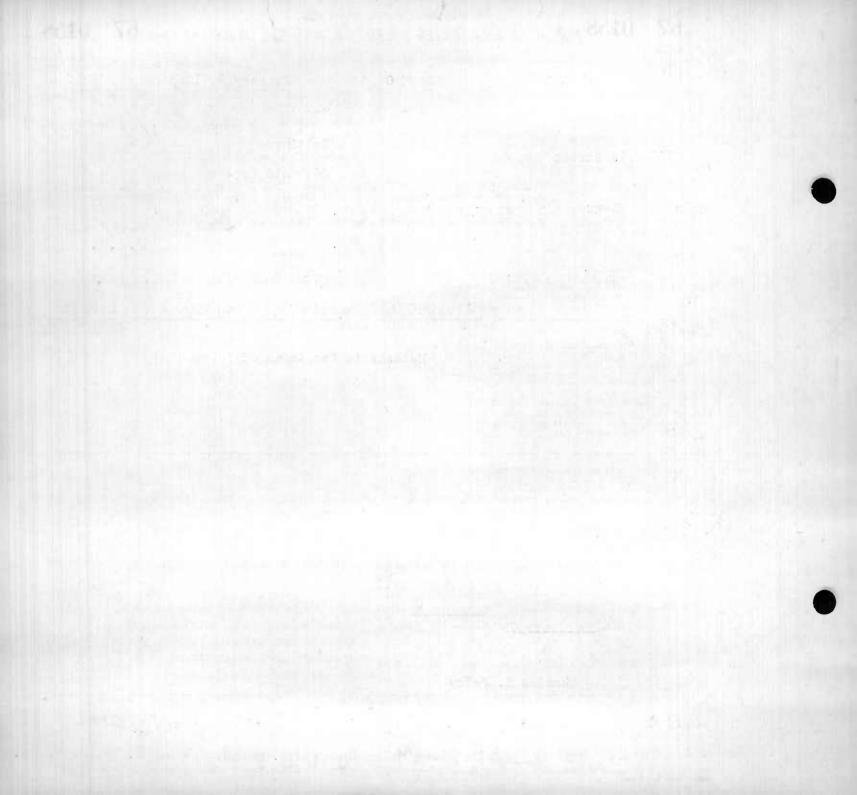


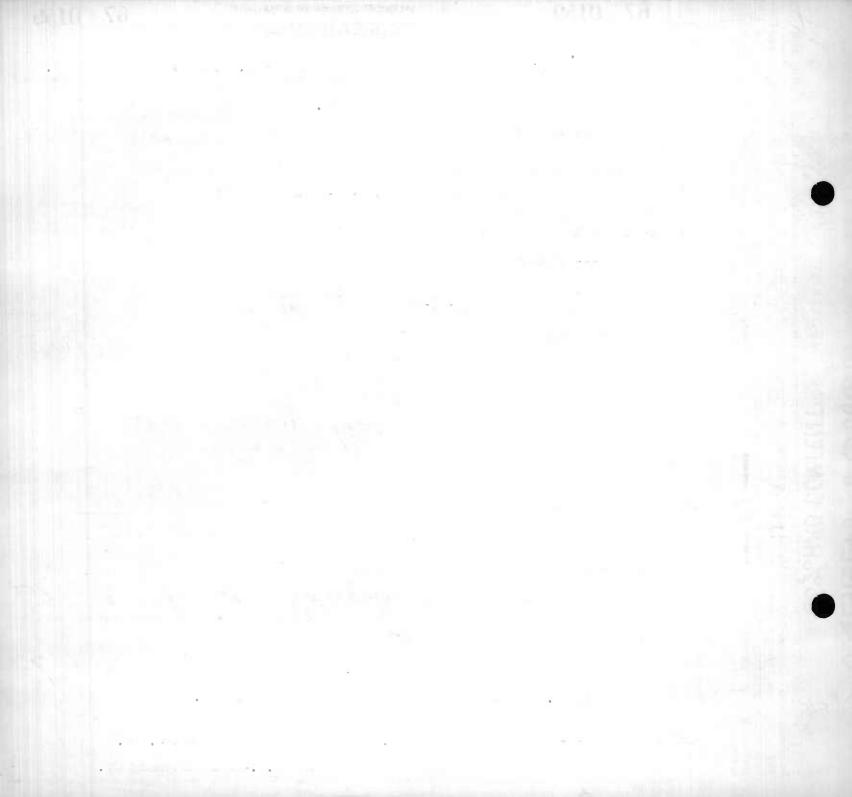
BIRTH NO.	0157 MED	ICAL EXAMINER'S CE			red No.67 0157
M.E. CASE NO.	CEASED			2. DATE AND HOUR PRONOUNCE	D DEAD
(Type or Print)		ROBERT N. TRIPPS		January 6, 1967	12:50 A <sub>M</sub> .
. PLACE IN BAL		HERE PRONOUNCED DEAD	4. USUAL RESID	DENCE (Where deceased lived, If insti	tution: residence before admission)
			A. STATE	Maryland 8. cou	NTY
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TO	WN (If outside corporate limits, write	RURAL and give township)
NSTITUTION				Baltimore	16-04
001	.820 Mosher St	reet	D. STREET ADD	ORESS (If rurol, give location)	
00				1820 Mosher Street	
5. SEX	6. RACE		8. DATE OF BIRT		If Under 1 Yr. If Under 24 Hrs.
Male	Negro	WIDOWED, DIVORCED (specify)	1/	/	Months Doys Hours Min.
	UPATION (Give kind of wor	Warried kilos kind of Business or Industry	11. BIRTHPLACE	6. 1913 53 yr	12. CITIZEN OF
one during most of	working life, even if retired)		Monard	and	WHAT COUNTRY?
B. FATHER'S NA	ME		Maryl 14. MOTHER'S N		U.S.A.
	Jeremiah	Twinn			
5. WAS DECEAS	ED EVER IN U.S. ARMED		17. INFORMANT	rancis Clay	ADDRESS
es, no or unknown	(If yes, give wor or dote	es of service) SECURITY NO.		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
		£12035701	Edna T	ripp 1820 Moshe	
18. 44. 4	43 X1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DE	RECTLY			SHOEL AND BEATH
OTHER SIG	RE ABOVE CAUSE (A) S NG CONDITION LAST.  II  SHIFICANT CONDITIONS	(C)			
TO THE	DEATH BUT NOT RE		nic lung	disease	
19A. DATE O		IDITION FOR WHICH OPERATION	20A. AUTOPSY	17 (Yes or No) 208. IF YES, WERE FIN	
UNDERLYING	CAUSE WAS OR CONTRIB-	218, PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. \ ffice bldg., INJUR	WHERE DID (If in Boltimore City, give Y OCCUR?	re exact location)
ZID INVIL	(Month) (Doy) (Yeo	t) (Hout) 21E. INJURY OCCURRED	21F. H	OW DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT W			
22.		m. WORK LAT W	OKK		
			_	d that on this bosis, death in m	y opinion
resu	Ited from: Natural co	uses X Accident Suicide	Homic	ide Undetermined monne	or _
	01		CHIEF	EDICAL EXAMINER	DATE SIGNED
SIGNAT	1 41 4643	2 . Is sate up	ASSISTANT M	EDICAL EXAMINER X	DATE SIGNED
EXAMII NAME (	NER'S Charles	S. Springate, M.D.		AEDICAL EXAMINED	January 6, 1967
SA. BURIAL CRE		23C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (City,	town, or county) (Stote)
EMOVAL (Special	. 40/	7 Annual Land	em. Pk.	Arbutus Mary	land
Buria.	BY HEALTH DEPT.	24B, NAME OF REGISTRAR		AL DIRECTOR	ADDRESS
The Read B	IAN9 1067	PORE Fallina		ge G. Kelson 131	
/S 151-REV. 1/1.	/65	Jan Maria			



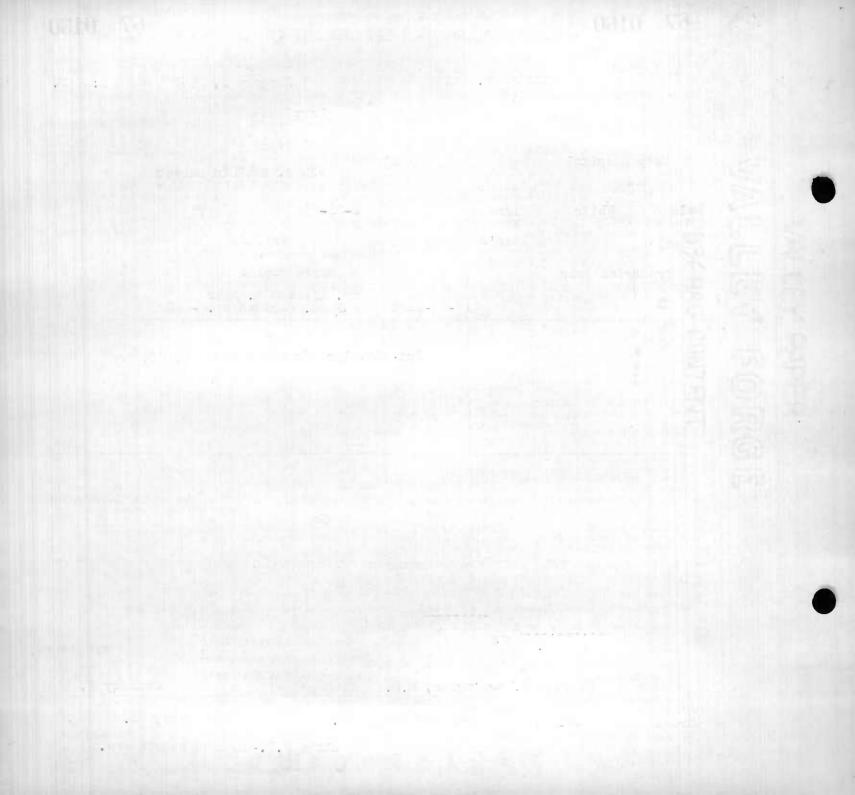
CIPY	BALTIMORE CITY HEALTH DEPARTMENT	OB	01-
BIRTH NO.	0158 MEDICAL EXAMINER'S CERTIFICATE OF	DEATH Registered No.	0158

M.E. CASE	NO.						
1. NAME O	OF DECEASED				2. DATE AND HOUR PRONOUL		
	CHARLE	S	JACKS <b>O</b> N		January 5, 196	IVI.	
	N BALTIMORE, MARYLAND,			A. STATE  Maryland  Maryland			
FULL NAM HOSPITAL C	OR ADDRESS OR LO	PITAL OR INSTITU CATION)	JTION, GIVE STREET	C. CITY OR TOW	'N (If outside corporate limits, v	write AUBAL and give township)	
00	566 Gold Street			D. STREET ADDRESS (If rurol, give locotion)			
5. SEX	6. RACE	7 AAABBIED	NEVER MARRIED	8. DATE OF BIRTH	Gold Street	ors   If Under 1 Yr. If Under 24 Hrs.	
Male	Negro	WIDOWED, I	ele	Jan. 15	lost birthdoys	Months Doys Hours Min.	
	OCCUPATION (Give kind of	work 108. KIND OF				12. CITIZEN OF WHAT COUNTRY?	
done during n	most of working life, even if retire	·d)		Md.		U.S.A.	
13. FATHER'S	SNAME			14. MOTHER'S MA	AIDEN NAME	0.0.11.	
15 WAS DE		Jackson	116. SOCIAL	Carri	e Stewart	ADDRESS	
	CEASED EVER IN U.S. ARM		SECURITY NO.		-//		
			217209934	Carrie	Stewart 566	Gold Street	
18.	65 X 1	J. V. III.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH	
	LEADING TO DEA	ATH		catic Carc	inoma of Lung.		
heort	does not meon the mode foilure, osthenio, etc. It me	ons the diseose.	DUE TO				
injury	or complication which cous	ed deom.					
	ANTECEDENT CAU	SES	(P)				
DISE	ASES OR CONDITIONS, IT	F ANY, GIVING	DUE TO				
	DERLYING CONDITION LAS						
Z			(C)				
Ĕ	11						
₩ TO	ER SIGNIFICANT CONDITION THE DEATH BUT NOT	RELATED TO T					
DISE	ASE OR CONDITION CAUS		WHICH OPERATION	20 A ALITOREYS	(Yes or No) 20B. IF YES, WERE	EINDINGS CONSIDERED	
CE		PERFORMED		No	IN CERTIFYING C	AUSES OF DEATH?	
O UNDERL	TERNAL CAUSE WAS LYING OR CONTRIB- CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, factory, street, c	in or obout 21C. W office bldg., INJURY	HERE DID (If in Boltimore City, OCCUR?	, give exoct locotion)	
21 D TI	ME (Month) (Doy) (	Yeor) (Hour) 2	1E. INJURY OCCURRED	21F HC	W DID INJURY OCCUR?		
OF INJU	URY			WHILE	W DID INJURI OCCUR.		
	A.J	m. V	VORK AT W	ORK			
22.	I certify that I held an	Inquiry 🗌	Inspection X Aut	apsy and	that an this basis, death I	in my apinian	
	resulted fram: Natural	causes X	ccident Sulcid	e Hamicia	de Undetermined ma	anner 🗌	
			/ ) -	CHIEF ME	DICAL EXAMINER		
AC	CTUAL (;)	- 11	1		DICAL EXAMINER	DATE SIGNED	
	GNATURE	railes 1	M.D.			1/5/67	
	AME (Type) Cha	arles S. 1	Petty	ASSOCIATE M	EDICAL EXAMINER		
23A. BURIA REMOVAL	(Specify) 238, DATE	23	C. NAME of CEMETERY O	CREMATORY	23D. LOCATION (C	City, town, or county) (State)	
Bur		10-67	Mt. Auburr	Cemeter	ry Baltimore	, Maryland	
and the same	REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	•	ADDRESS	
	JAN 9 1967	Robert	E. Farkuna	George	G. Kelson 13	348 N. Calhoun St	
VS 151-REV	V. 1/1/65						





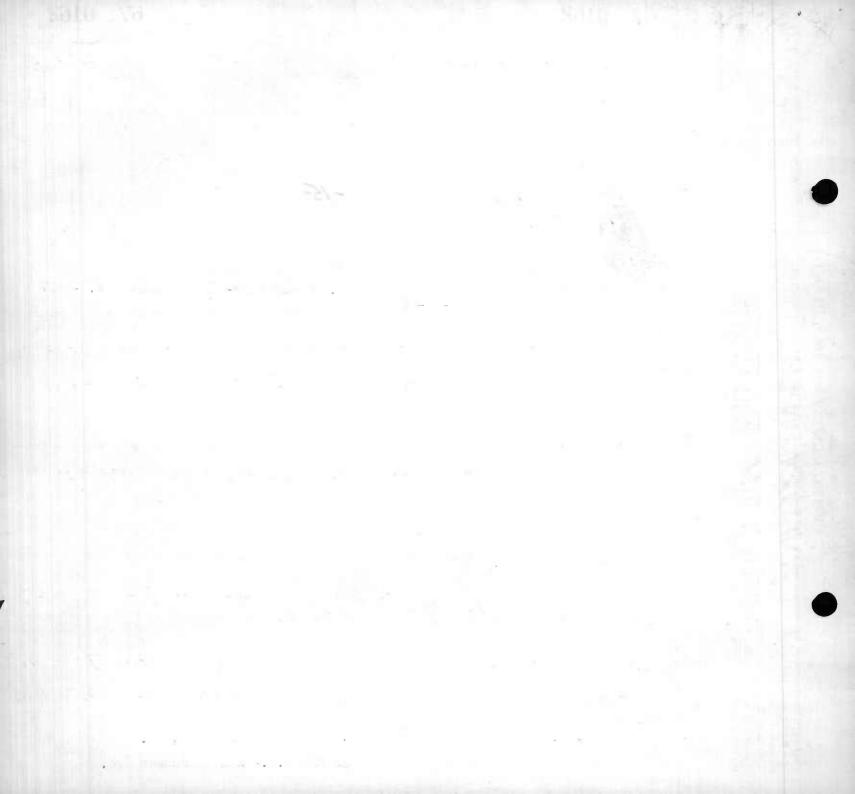
Ward's Bakery  DRCES? (1 service)  16. SOCIAL SECURITY NO. 219-01-0126  CAUSE	January 5, 1967  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before or A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give townsh Baltimore  D. STREET ADDRESS (If rurol, give location)  232 S. Bouldin Street  B. DATE OF BIRTH  9. AGE (In years lost birthday)  4-21-95  71  11. BIRTHPLACE (State or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Reike Pleiss  17. INFORMANT  Mr. William L. Bahr  232 S. Bouldin St #24  OF DEATH  INTERVAL BE ONSET AND  INTERVAL BE ONSET AND	mission)  24 Hrs. Min.
OR INSTITUTION, GIVE STREET  (DOA)  MARRIED, NEVER MARRIED IDO WED, DIVORCED(specify)  Widowed B. KIND OF BUSINESS OR INDUSTRY Ward's Bakery  DRCES? OF SECURITY NO. 219-01-0126  CAUSE	A. STATE  Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give townsh  Baltimore  D. STREET ADDRESS (If rural, give location)  232 S. Bouldin Street  B. DATE OF BIRTH  4-21-95  11. BIRTHPLACE (State or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Reike Pleiss  17. INFORMANI  Mr. William L. Bahr  232 S. Bouldin St #24  OF DEATH  OF DEATH	24 Hrs. Min.
MARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) Widowed B. KIND OF BUSINESS OR INDUSTRY Ward's Bakery  DRCES? of service)  16. SOCIAL SECURITY NO. 219-01-0126  CAUSE  CAUSE  CAUSE  (A) Arter: OUE TO  (B) DUE TO	Baltimore  D. STREET ADDRESS (If rurol, give locotion)  232 S. Bouldin Street  B. DATE OF BIRTH  4-21-95  11. BIRTHPLACE (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Reike Pleiss  17. INFORMANJ  Mr. William L. Bahr  232 S. Bouldin St #24  OF DEATH  ONSET AND	24 Hrs. Min.
MARRIED, NEVER MARRIED IDO WED, DIVORCED (specify) Widowed B. KIND OF BUSINESS OR INDUSTRY Ward's Bakery  DRCES? Of service) SECURITY NO. 219-01-0126  CAUSE CAUSE CAUSE OF CA	Baltimore  D. STREET ADDRESS (If rurol, give locotion)  232 S. Douldin Street  B. DATE OF BIRTH  9. AGE (in years lost birthday)  71  (11. BIRTHPLACE (State or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Reike Pleiss  17. INFORMANI  Mr. William L. Bahr  232 S. Bouldin St #24  OF DEATH  OF DEATH	24 Hrs. Min.
MARRIED, NEVER MARRIED IDOWED, DIVORCED(specify)  Widowed B. KIND OF BUSINESS OR INDUSTRY  Ward's Bakery  DRCES? If service)  16. SOCIAL SECURITY NO. 219-01-0126  CAUSE  CAUSE  CAUSE  CAUSE  CAUSE  CAUSE  (A) Arter: DUE TO	D. STREET ADDRESS (If turol, give locotion)  232 S. Douldin Street  B. DATE OF BIRTH  4-21-95  11. BIRTHPLACE (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Reike Pleiss  17. INFORMANJ Mr. William L. Bahr  232 S. Bouldin St #24  OF DEATH  INTERVAL BE ONSET AND	Min.
MARRIED, NEVER MARRIED IDOWED, DIVORCED(specify)  Widowed B. KIND OF BUSINESS OR INDUSTRY  Ward's Bakery  DRCES? If service)  16. SOCIAL SECURITY NO. 219-01-0126  CAUSE  CAUSE  CAUSE  CAUSE  CAUSE  CAUSE  (A) Arter: DUE TO	B. DATE OF BIRTH  4-21-95  71  11. BIRTHPLACE (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Reike Pleiss  17. INFORMANI Mr. William L. Bahr  232 S. Bouldin St #24  OF DEATH  Interval Be onset and	Min.
DIDOWED, DIVORCED(specify) Widowed B. WIND OF BUSINESS OR INDUSTRY Ward'S Bakery  DRCES? of service)  16. SOCIAL SECURITY NO. 219-01-0126  CAUSE  CTLY (A) Arter: DUE TO  (BL. DUE TO	A-21-95   Hours	Min.
Widowed  B. WIND OF BUSINESS OR INDUSTRY  Ward's Bakery  DORCES? Of service)  16. SOCIAL SECURITY NO. 219-01-0126  CAUSE  CAUSE  CAUSE  CAUSE  CAUSE  OUE TO  OUE TO	4-21-95 71 11. BIRTHPLACE (Stote or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Reike Pleiss 17. INFORMANI M. Bahr 232 S. Bouldin St #24  OF DEATH  OF DEATH  12. CITIZEN OF WHAT COUNTRY?	TWEEN
Ward's Bakery  DRCES? of service)  16. SOCIAL SECURITY NO. 219-01-0126  CAUSE	Maryland  14. MOTHER'S MAIDEN NAME Reike Pleiss  17. INFORMANJ Mr. William L. Bahr 232 S. Bouldin St #24  OF DEATH  MAT COUNTRY?  WHAT COUNTRY?  ADDRESS  ADDRESS  INTERVAL BE ONSET AND	
CAUSE  CTLY  ying e.g., e.diseose. th.)  GIVING  CAUSE  16. SOCIAL SECURITY NO. 219-01-0126  CAUSE  CAUSE  (A) Arter: DUE TO	14. MOTHER'S MAIDEN NAME Reike Pleiss  17. INFORMANJ L. Behr 232 S. Bouldin St #24  OF DEATH  INTERVAL BE ONSET AND	
SECURITY NO. 219-01-0126  CAUSE  CTLY  (A) Arter: (A) DUE TO  (B)  (BL.  DUE TO	Reike Pleiss  17. INFORMANI ADDRESS Mr. William L. Bahr 232 S. Bouldin St #24  OF DEATH  INTERVAL BE ONSET AND	
SECURITY NO. 219-01-0126  CAUSE  CTLY  (A) Arter: (A) DUE TO  (B)  (BL.  DUE TO	17. INFORMANJ Mr. William L. Bahr 232 S. Bouldin St #24  OF DEATH  INTERVAL BE ONSET AND	
SECURITY NO. 219-01-0126  CAUSE  CTLY  (A) Arter: (A) DUE TO  (B)  (BL.  DUE TO	Mr. William L. Bahr 232 S. Bouldin St #24  OF DEATH  INTERVAL BE ONSET AND	
CAUSE CAUSE  (A) Arter: (A) DUE TO  (B) (BL) (BL) (BUING DUE TO	OF DEATH INTERVAL BE ONSET AND	
ctly  (A) Arter  (A) DUE TO  (B)  (BL)  (BL)	ONSET AND	
ving e.g., e disease. th.)  Arter: (A) Arter: DUE TO	iosclerotic cardiovascular disease	
ying, e.g., DUE TO e disease, th.)  GIVING  BI  DUE TO		
(BL		
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. GIVING DUE TO	•••••••••••••••••••••••••••••••••••••••	
(C)		
ONTRIBUTING TED TO THE		
	200 AUTORSYZ (Vos. or No.) 200 IR VEC. WERE EINDMICE CON CIPERED	
RMED	IN CERTIFYING CAUSES OF DEATH?	
218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exoct location)	
home, lorm, factory, street, a	office bidg., INJURY OCCUR?	
(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
WHILE AT NOT	WHILE	
Accident Suicid		
111	DATESII	NED
M.D.		
S. Springate, M.D.	January 6, 19	967
		Stote)
New Cathedra	al Cem. Baltimore, Md.	
248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS	
	TED TO THE  TON FOR WHICH OPERATION  TON FOR WHICH OPERATION  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)  TO THE COLOR OF INJURY (e.g., home, lorm, foctory, street, etc.)	TION FOR WHICH OPERATION  20A. AUTOPSY? (Yes or No)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)  (Hour)  21E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  AT WORK  AT WORK  Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  January 6, 19  23C. NAME of CEMETERY or CREMATORY  New Cathedral Cem.  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exact location)  (If in Bo



10.00 Wales S. C. TENT SOURCE THESE SOURCES TO 

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

SIRL						67	0162
AA E	No. 67 0162		CERTIFICA	TE OF DEATH	Registered No		01.04
1. NA	AME OF DECEASED			2. DATE	AND HOUR OF DEATH	1	
(Туре	e or Print) Stromberg	Ans	Ves		1-7-6	7	4:30 A
3. PL	LACE OF DEATH IN BALTIMORE, MAKE	YLAND /		4. USUAL RESIDENCE (W	here deceased lived. II		
				A. STATE B. CO	ONIT	B	11 10
H	ULL NAME OF (If not in hospital at address or location)	ir instilution, gi	ve street	C. CITY OR TOWN (IF	outside city limits, write	PUPAL and aim	XXA
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BALTIMORE CITY HEALTH DEPARTMENT

IMPORTAN

FUNERAL DIRECTOR:

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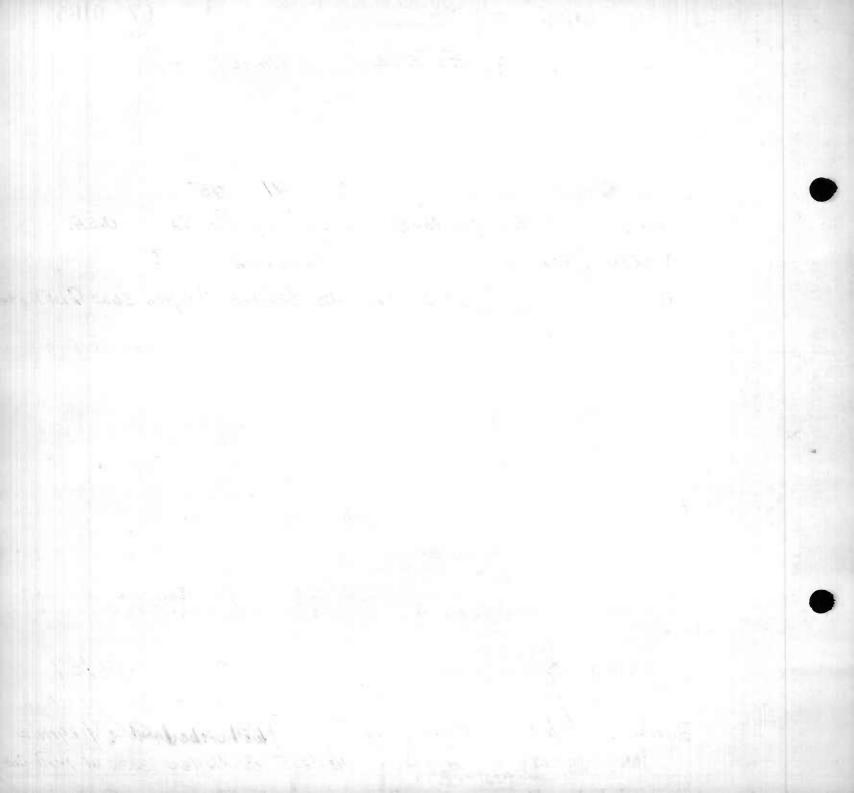
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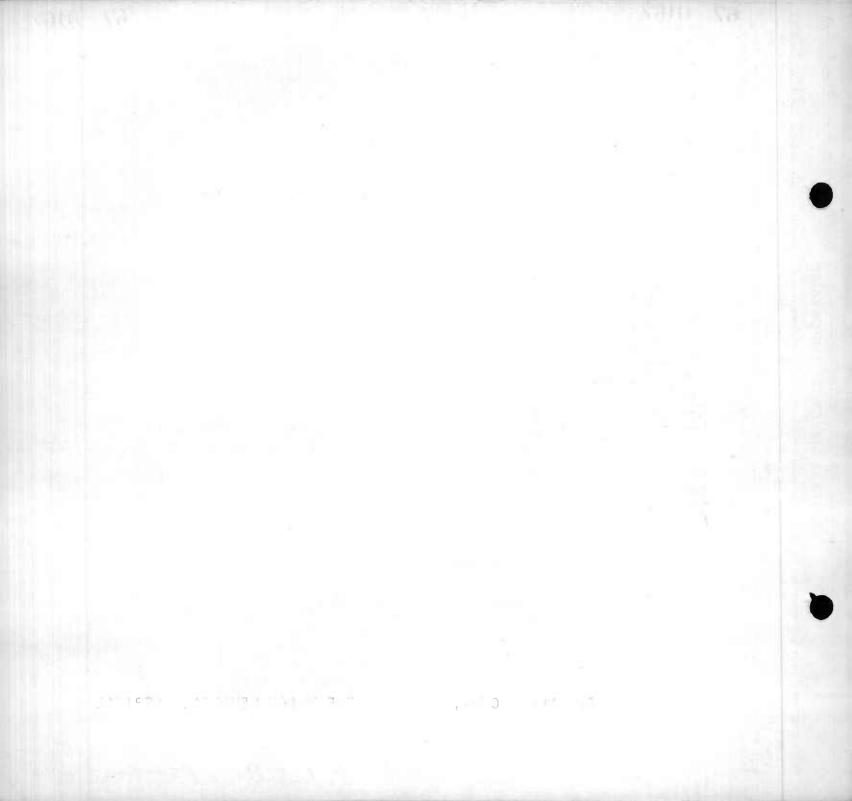
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P /23	BALTIMORE CITY HEALTH DEPARTMENT 67 0165
D. D. D. D. S. D.	BIRTH NO. 67 01.65 CERTIFICATE OF DEATH Registered No. 67 01.65
and section the	M.E. CASE NO.  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH
f de ecea on on h. S	(Type or Print) CROXTON. EVA ESTELLE 114/67 400 M.
of Dec	3. PLACE OF DEATH IN BALTIMORE MARYLAND  4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before odmission)  A. STATE  B. COUNTY
<u> </u>	mi / C-U
d a c	HOSPITAL OR oddress or location)
5 6 G G	Baltimore
d in ing cau	D codes to page 1
9 + 7 - 6	LUTHERAN HOSPITAL OF MARYLAND 3602 CI. Ston Bre.
ibu	
ntribur rmin rain egul	LEMALE WELFRO WIDOWED 2-22-91 75
co co	10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
P - D - D	$V_{i,j} = V_{i,j} = V_{i$
f de was	13. FATHER'S NAME
F = 5.4 3 + 3	
AN stant	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS
IMPORT or his assignation of any k ounced d	CAUCE OF STATE
on is a	DISEASE OF CONDITION DIRECTLY
IM or hi or hi oun	LEADING TO DEATH
0 2 5 5 0 1	
OR: niner. ractu	injury or camplication which coused death.)
fring frogge	ANTECEDENT CAUSES  (B) AT J C V V
xam cam A fi	DISEASES OR CONDITIONS, if any, giving
RE exce	rise to the abave cause (A) stoling the (C) UNDERLYING CONDITION last.
L.DI dical dical rrns; sicia	
Z Gied	Z CONTRIBUTION
RA me me phy phy phy ign	DISEASE OR CONDITION CAUSING II.
NER.	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bollimore City, give exact locohon)
D 0 5 TE	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
= =====================================	home, lorm, loctory, street, office bldg., INJURY OCCUR?
Z E S Z	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	S OF INJURY
> = 0 0	Work At Work
the the an	
of a of a of a of a	that (1) (we) last saw the deceased alive an JAN 4
t be a sed to ent of spital	
ust be c eased t ident of hospital	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED
t his	hys. Director Phys.
Mas An	23C. PHYSICIANS NAME (Type)  VUNG KIL KIM M.D. LITHERAN HOSPITAL OF MARYLAND  24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county). (Stote)
E A B	
ody)	BURIAL 1/7/67 FAMILY LOT NOTHWAS HOS PANIL CO VIRGINIA
This cert the body shows: ( was D.O	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS
tt d y b	JAN9 1967 Och E. Faluma O AGREET A. Noller 3035 W. North Die
	VS 150-REV. 1/11/65



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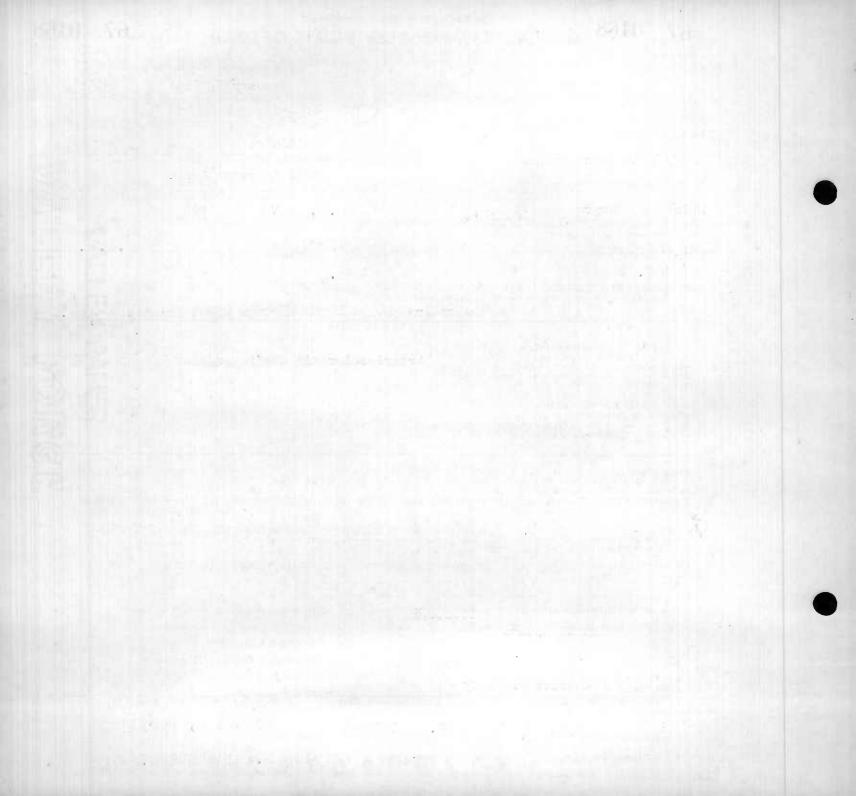


BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0168

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0	-650	
1	9.5	

M.E. CASE NO.				
Type or Print)			2. DATE AND HOUR PRONOUNCE	ED DEAD
JESSE	BROWN		January 5, 1967	11:10 A M.
B. PLACE IN SALTIMORE, MARYLAND,		4. USUAL RESID A. STATE	ENCE (Where deceased lived. If ins	titution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET		WN (If outside corporate limits, write	te RURAL and give township)
NSTITUTION			altimore	20-02
2528 Lauretta Av	enue		RESS (If rurol, give location) 528 Lauretta Avenu	e
5. SEX   6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		
Male Negro	WIDOWED, DIVORCED (specify)  Married	Jan.3,		Months, Days, Hours, Min.
OA. USUAL OCCUPATION (Give kind of wi	ork TOB. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Longshoreman		Virg	inia	U.S.A.
UnK.		Unk.		
5. WAS DECEASED EVER IN U.S. ARMI		17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give war or do	security NO. 217-03-404	2 Malinda	a Brown 2528 La	unetto Ave
18.		E OF DEATH	22 21 2011 2020 124	INTERVAL SETWEEN
7541		t of beatif		ONSET AND DEATH
DISEASE OR CONDITION I		1	in Conding on the l	04 = 0 = 0
(This does not meon the mode	of dying, e.g., DIF TO	loscleroti	ic Cardiovascular	Jisease.
heart failure, asthenia, etc. It mea injury or camplication which caused	ns the discose.			
ANTECEDENT CAUS	(8)			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)				
UNDERLYING CONDITION LAST				
O THE SIGNIFICANT CONDITION	(0)	***************************************		
II	- CONTRIGUEING			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT B	RELATED TO THE			Sec. 1
DISEASE OR CONDITION CAUSIN				
19A. DATE OF OPERATION 19B. CO	ERFORMED	NC	? (Yes or No) 20B, IF YES, WERE FIN CERTIFYING CAU	
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.g.,	in or obout 21C. W	VHERE DID (If in Boltimore City, g	ive exoct locotion)
UTING CAUSE OF DEATH.	home, form, foctory, street, etc.)	office bidg., INJURY	OCCUR?	
Z 21D TIME (Month) (Doy) (Ye	or) (Hour) 21E. INJURY OCCURRED	21 F. HC	OW DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE WORK		
I certify that I held on	Inquiry Inspection X Au	utopsy ond	d that on this bosis, death in	my opinion
resulted fram: Natural c	auses X Accident Suicio	de Hamici	de Undetermined mann	ner 🗌
	/ //	EDICAL EXAMINER	DATE SIGNED	
ACTUAL SIGNATURE	acles I letter M.E	ASSISTANT ME	EDICAL EXAMINER	
EVAMINED'S	es S. Petty		EDICAL EXAMINER	1/5/67
REMOVAL (Specify) 23B. DATE	23 C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	, town, or county) (State)
Burial 1/9	/67 Mt. Cols	VANT	Brooklyn, Ma	arvland
24A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
JAN 9 196	7 Roberts E. Frankery	Charl	les An Rice 661	W. Barre St.
VS 151-REV. 1/1/65		U	0	



M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL OR INSTITUTION  WITH HOSPITAL OR INSTITUTION, GIVE STREET  University Hospital  S. SEX  O. RACE  Widowed, Never Married  Negro  WIDOWED, DIVORCED(specify)  Male  Negro  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 10.7  1. A DATE AND HOUR PRONOUNCED DEAD  January 5, 1967  8: 30  4. USUAL RESIDENCE (Where deceosed lived. If institution residence before the state of the state
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  EARL  THOMAS, Jr.  2. DATE AND HOUR PRONOUNCED DEAD January 5, 1967  8:30  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF ADDRESS OR LOCATION)  INSTITUTION  University Hospital  C. City Or Town (If outside corporate limits, write RURAL and give tow Baltimore  University Hospital  T. MARRIED, NEVER MARRIED Male  Negro  D. STREET ADDRESS (If rurol, give location)  Male Negro  T. MARRIED, NEVER MARRIED Male Negro  D. STREET ADDRESS (If rurol, give location)  Months, Doys, Ho Months of Bushness or Industry II. Birthplace (State or foreign country)  12. Citizen Of What, Country
THOMAS, Jr. January 5, 1967 8:30  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before the strain of the street of the s
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  B. COUNTY  Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give town  Baltimore  D. STREET ADDRESS (If rural, give location)  117 N. Pine Street  S. SEX 6. RACE Male Negro  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)  11. SIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAI, COUNTR
HOSPITAL OR INSTITUTION GIVE STREET  WINSTITUTION  C. CITY OR TOWN (If outside corporate limits, write RURAL and give town Baltimore  University Hospital  C. CITY OR TOWN (If outside corporate limits, write RURAL and give town Baltimore  D. STREET ADDRESS (If rural, give location)  117 N. Pine Street  S. SEX  6. RACE  WIDOWED, DIVORCED (specify)  WIDOWED, DIVORCED (specify)  WIDOWED, DIVORCED (specify)  IOA. USUAL OCCUPATION (Give kind of work 108, NND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT, COUNTRY
University Hospital  D. STREET ADDRESS (If rurol, give locotion)  117 N. Pine Street  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Male Negro  100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT, COUNTRY
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   Months, Doys   Ho
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT, COUNTRY COUNTRY 11. BIRTHPLACE (Stote or foreign country)
13. FATHER'S NAME Michael Thomas Faire Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  Yarrie Moreland Bealury
LEADING TO DEATH  (This does not meen the mode of dying e.g., heart foilure, osthering, etc. Il means the disease, injury or complication which coused death.)  ANTECEPENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bldg., injury occur?  Home  117 N. Pine Street
21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) 12 17 '66 A WHILE AT NOT WHILE XI WORK Fire in bedroom of home.
I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNATURE  ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X 1/5/6
EXAMINER'S NAME (Type) Charles S. Petty  23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY of CREMATORY 23D, LOCATION (City, town, or county)

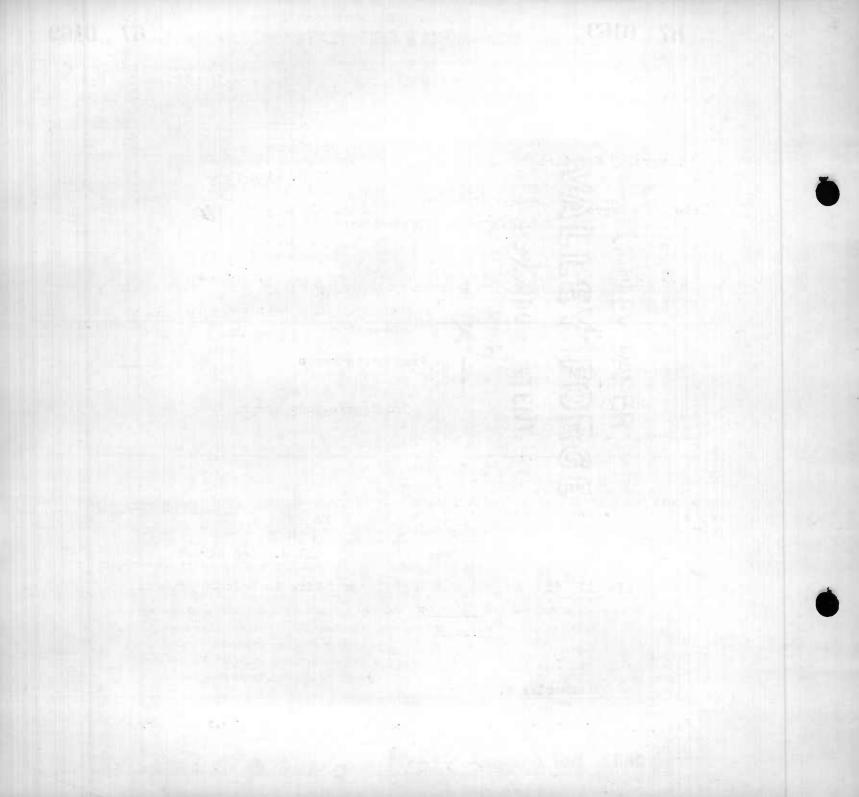
1967 Robert E. Farleyma VS 151-REV. 1/1/65

23A. BURIAL CREMATION, REMOVAL (Specify)

Burial 24A. DATE REC'D BY HEALTH DEPT.

(City, town, or county) 24C. FUNERAL DIRECTOR

Jan, 11, 1969 Sut, aubrerer DEPT. 24B, NAME OF REGISTRAR 24C. FUN

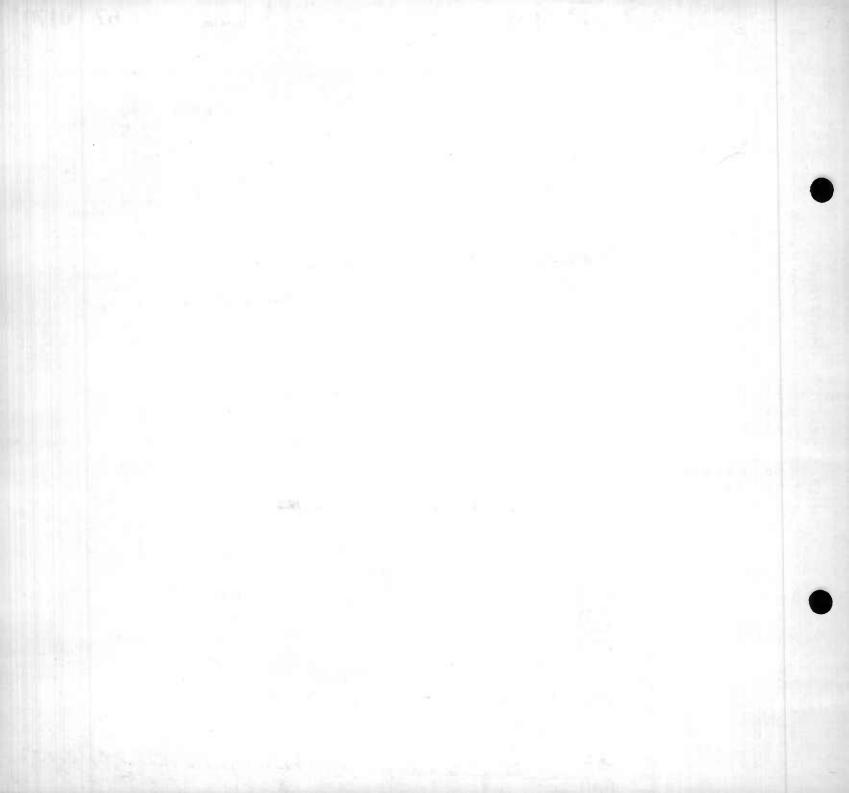


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DIRECTOR:

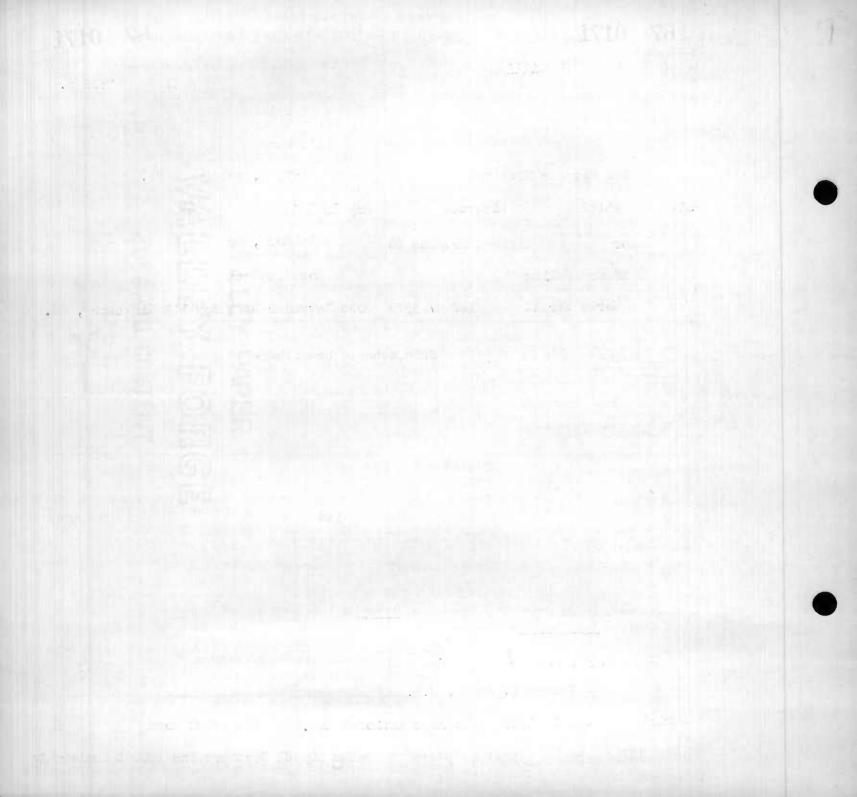
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



## BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 67 0171MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 07 0171

M.	E CASE NO.							
	NAME OF DEC		William		2. D	ATE AND HOUR PRONOUNC	CED DEAD	
John Beling				1/8/67	7  2:55 p. M.			
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				INCED DEAD	A. STATE	E(Where deceosed lived. If ins ryland	stitution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				(II outside corporate limits, with	TE RURAL and give township			
INSTITUTION			Baltin	more	10-01			
	- 1					(If rurol, give location)		
	34	Bon Secours	Hospit	a1		27 W. Baltimore	S.t	
5. :	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs.	
	male	white	Di v	orced (specify)	May 15 191	8 lost birthdoyl 4	Months, Doys Hours Min.	
		JPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
		abor	Easter	n Produce Co		more, Md	WHAT SOUNTRY?	
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDE	N NAME		
		Edward Beli	ng		Rose	Dembeck		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
(16	Yes	World War	11	217 07 3378	Rose Lavene	der Rt 2 Box 113	3 Finksburg, Md.	
	1B.	OX		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITION DI		0.4	1 1.1			
	(This door )	LEADING TO DEATH		(Al	hnoid hemor	rnage		
	heort foilure,	not mean the mode of osthenia, etc. It means	the discose,	DUE TO				
	,.,	injury or complication which coused death.)						
		ANTECEDENT CAUSES						
	RISE TO TH	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						
7	UNDERLYIN							
Q		li .		(C)				
ERTIFICATION		NIFICANT CONDITIONS DEATH BUT NOT RE						
E		R CONDITION CAUSING		/				
CER	19A. DATE OF	OPERATION 19B. CON		WHICH OPERATION	yes	S OT NOT 208, IF YES, WERE FIN CERTIFYING CAU		
X		L CAUSE WAS	21B.	PLACE OF INJURY (e.g., i	in or obout 21C. WHER	RE DID (If in Boltimore City, g	give exact location!	
EDIC,	UTING CAU	SE OF DEATH.	etc.l	, tom, toctory, sireet, o	mice bigg, INJORF OC	.cok:		
Σ	21D TIME	(Month) (Doyl (Yeo	r) (Hourl 2	1E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?		
	(APPROX.)		V	VHILE AT NOT	WHILE			
	22.	tify that I held an 1		Inspection Aut		at an this basis, deoth in	my salalan	
	resui	ted fram: Notural ca	uses A	ccident Suicide			ner	
	ACTUAL	1 1		5/1		CAL EXAMINER	DATE SIGNED	
	SIGNAT		5h	M.D.		CAL EXAMINER X		
	EXAMIN		on II C	7	ASSOCIATE MEDI	CAL EXAMINER	1/9/67	
23/	, BURIAL CRE	11.0	230	pitz, M.D.	CREMATORY	23D. LOCATION (City	ly, town, or countyl (State)	
	NOVAL (Specify	<u>1</u>						
24				Baltimore Nat		Frederick Ro		
241		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL D		ADDRESS	
	•	JAN 9 1967	Robert	E. Youder	The Dipp	el Brothers Inc	1800 E Lombard ST	



IMPORTANI

DIRECTOR:

FUNERAL

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Moulder Turner YES

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Produkterid Chiled.

Dag 35,1966

## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD January 8, 1967 6:30 MAIILER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Marvland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township INSTITUTION Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rural, give location) 1409 Cavendish Way 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months | Doys | Hours | Min. White Male 10A. USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (ARespiratory Infection with Right Otitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUEJO Media and Interstitial Pneumonitis (SDII) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Yeor) (Hour) OF INJURY MHILE AT NOT WHILE (APPROX.) 22. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death In my opinion resulted from: Natyfal causes X Sorgide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S 1/8/67 NAME (Type) Rudiger Breitenecker, 23A, BURIAL CREMATION, 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) BURIAL

JOAN M WEBERTSONS INC. 4015 CHESTER ST.

24A. DATE REC'D BY HEALTH DEPT.

MELLER PRINTED 11-16-1966 FRANCES

JUSEPH W MHULEK

EECREETTA K ADBOTT

SERENT MALLER PACACIONALISMS

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BURRIES FICT CHILDUM CENTERS THATE MARTE

JOHN HIVERER FEELS HEART CHEST

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

333141T3AT LLI S MADELLA France while therman 1-13-08 65 CHASTAAN Howard R. GUE EANECE 1 FRANCES SIELENI Patricute 2015 Manager III CANCER Of SHOWARD Pulmound of Embolish Pyslonephailis Maleulathar 13/2 B (3) AT (8/4) astenis Elimak Home . Harp 

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

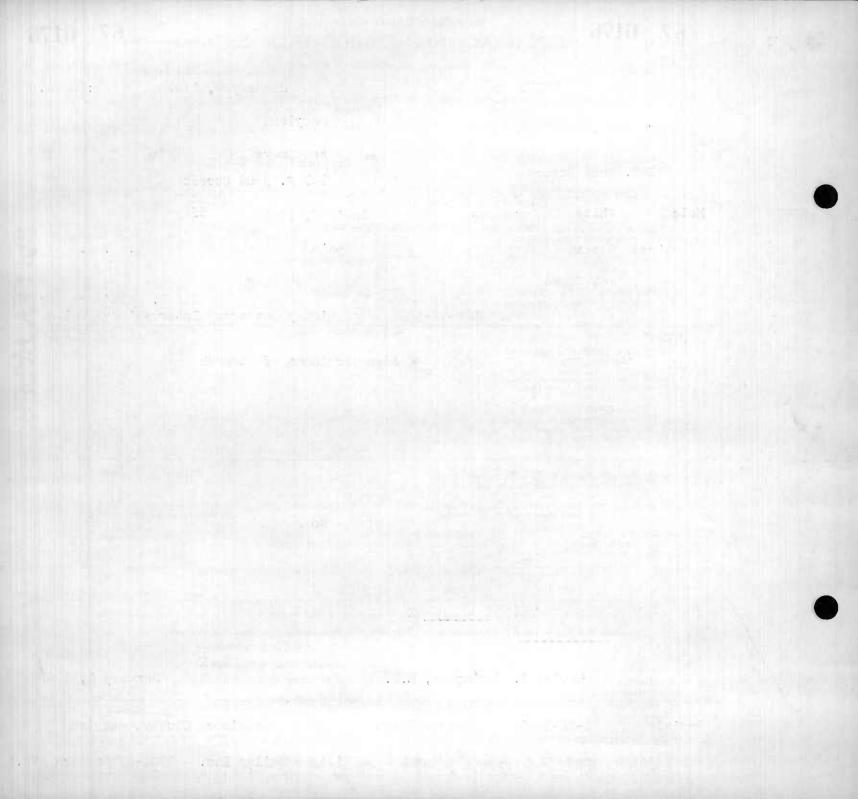
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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N

No. 67	0176	-
No	OTI	4

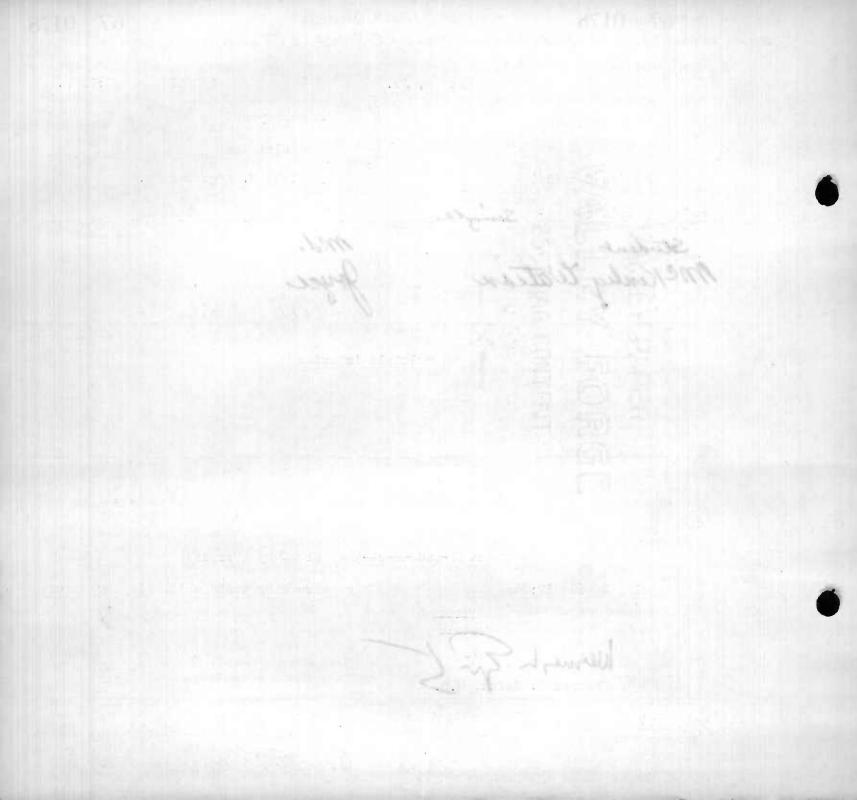
M.I	L CASE NO.									
1. I	NAME OF DE	CEASED					2. DATE AN	D HOUR PRONOUNC	ED DEAD	
,,	20 01 111111		EMI	LIO	PARDO		Janu	ary 6, 1967	ŧ	8:10 A. <sub>M.</sub>
3. P	LACE IN BALT	IMORE, MAR	LAND, WI	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	ENCE (Where	deceased lived. If insti	itution: reside	ence before odmission)
ELLI	LNAME	(IE NOT I	N. HOCHTA		UTION CIVIC CTREET		vland	B. COO	71411	
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				C. CITY OR TOW	VN (If outsid	e carporote limits, write	RURAL one	d give township)	
6	727	S. Bond	Stree	a t		D. STREET ADDR	timore LESS (If rurol,	give location)		
	, _ ,	D. Dona	Delec			727	S. Box	nd Street		
5. S	EX	6. RACE			NEVER MARRIED	8. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs.
	Ma <b>l</b> e	Whit		Widow		April 9,	1901	65		
		UPATION (Give working lile, ever		10R KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	gn country)	12. CITIZEI WHAT	N OF COUNTRY?
	Retire		an			Spain			U. S	5. A.
13.	ATHER'S NAM	AE				14. MOTHER'S MA	AIDEN NAM	E		
		Not	Known			N	ot Kno	wn		
		D EVER IN U.			16. SO CIAL SECURITY NO.	17. INFORMANT		1216 E	ADDRESS	imore Street
,,,,,	, 110 01 011111101111	, , , co, give	wor or doles	di selvicer	086-12-5635	Rev Dick	OW Sea	farers Inter		
	1B. 12 1					OF DEATH	.03 500.	ratory Troot		INTERVAL BETWEEN
	10/	/ 1			CAUSE	OF DEATH				ONSET AND DEATH
	DISEA	SE OR COND		ECTLY	A 1					
	(This does	LEADING T		duing on	(A)	enocarcino	ma or s	stomach		**************************
	heort foilure,	, osthenio, etc.	It meons	the disease.	DUE TO					
	injury or con	mplication which	n coused o	eom./						
	4	ANTECEDENT	CAUSES							
	DISEASES	OR CONDITIO	ONS, IF AI	Y, GIVING	DUE TO					
	RISE TO TH	E ABOVE CAL	JSE (A) ST.	ATING THE	502.0					
z	ONDEREIN	10 CONDING	JIN LASI.		(C)					
0		, п								
CERTIFICATION	TO THE	NIFICANT COI DEATH BUT R CONDITION	NOT REL	ATED TO T						
RT					WHICH OPERATION	20A AUTOPSY2	(Yes or No)	20B. IF YES, WERE FIR	NDINGS CO	NSIDEBED
L CE	0		WAS PERF		William O. EKAHON	No		IN CERTIFYING CAUS		
₹ O		L CAUSE WA		21 B.	PLACE OF INJURY (e.g., e, farm, factory, street,	in or obout 21 C. W	HERE DID	(If in Boltimore City, give	ve exoct loc	otion)
		SE OF DEATH		elc.)	, laki, laciory, sileer, c	mee brogg, 1143 OK1	OCCOR:			
Σ	21 D TIME	(Month) (D	oy) (Yeor)	(Hour) 2	TE. INJURY OCCURRED	21E HO	W DID INII	JRY OCCUR?		
	OF INJURY	(Monno (D	Oyi (Teon				, and mass	JKI OCCOK:		
	(APPROX.)				WHILE AT NOT	ORK				
	22.	tify that I he	ld on lo	quiry	Inspection X Aut		Al-	to be at a standard to a		
				-			that an th	is basis, death in m	ny apinian	
	resul	ted fram: No	atural cau	ses X	Accident Suicid	e Hamicia	de U	Indetermined manne	er _	
		77	1 1	0	1) 0	CHIEF ME	EDICAL EX	AMINER		DATE CICNED
	ACTUAL		1mls	U. 0	mt	ASSISTANT ME	EDICAL EX	AMINER X		DATE SIGNED
	SIGNAT	URE C	harles	S 96	ringate, M.D.	ASSOCIATE IN	EDICAL E	VALUE OF	Tanuar	y 6, 1967
	EXAMIN NAME (		nai ica	D. DP.	ringate, m.D.	ASSOCIATE MI	EDICAL E	XAMINER	Januar	y 0, 1507
23A	, BURIAL CRE		B. DATE	23	C. NAME of CEMETERY of	CREMATORY	[23D, 1	OCATION (City,	town, or co	unty) (Stote)
	AOVAL (Specify	y)								
	Burial	1	-10-19	10%	Sacred Hear	t	Ba	ltimore Coun	ity, Ma	aryland
24A	. DATE REC'D	BY HEALTH	DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		AE	DDRESS
	1/	INI O IO	CT A	0 40	L. Failcoma	_ [Li.1] ve	& 7017	er Inc. 19	201-07	Eastern Ave.
	JF	N 9 19	67 R	13010	CONTROLL .	U Tarry	or DOTT	or The. I	OT-01	Dasoeth WAR.
VS	151-REV. 1/1/	65		1						



	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	EULA MAK WEBB 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 7, 1967 11:55 P M.
		A. STATE  Maryland  Manyland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write IN RAL and give township  Baltimore
	Mercy Hospital	D. STREET ADDRESS (If rurol, give locotion) 4729 Reisterstown Road
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)  9. AGE (In years Months, Doys, Hours, Min,
	Female Colored Single	June 18 /94/ 19
	done during most of working the even if retired the state of working the seven if retired the seven is retired to the seven is retir	Balto, md, WHAT COUNTRY?
	13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	Mellie Hell
	(Yes, no prunknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	Relia Well - 1828 to Charol SV.
	DISEASE OR CONDITION DIRECTLY	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not meon the mode of dying e.g., heart foilure, osthenio, etc. It meons the discose.	o-cerebral Injuries
	injury or complication which coused death.)	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
		Yes IN CERTIFYING CAUSES OF DEATH? Yes
	Street	office bldg., INJURY OCCUR? point 5 marker  Jones Falls Expressway, E. of the 1
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURREI P (APPROX.)  1 7 67 11:20m. WHILE AT NO WORK	T WHILE R Passenger in auto-fixed object accident
	22.   certify that   held on   Inquiry   Inspection   A	
	resulted from: Maturol couses Accident X Suic	
	ACTUAL VISCOSTITULE	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE AND ME EXAMINER'S Rudiger Breitenecker, M.D.	ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER 1/8/67
	NAME (Type)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	REMOVALISPECIFY  13 Wesel  24A. DATE REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR	Men Tark arbutus mel
	"Buriel Jun 11 1967 arbutus	Mem. Tark arbutus mel

dingle James 1947 aranty him aprinte (hatiful) Bute mid. Thelis Wiff - 1828 to Cl Buriet Jur. 11, 187 arbotes Han Tack artested may Youll Eliker 1497 Va

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)  McKinley Watson, Jr.	2. DATE AND HOUR PRONOUNCED DEAD  1/2/67 , 1:15 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
23	D. STREET ADDRESS (If rurol, give locotion)
Hopkins Hospital	1620 N. Regester St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 7
male colored Smale	1/27
done during most of working life, even if retired)	11). BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
mcking, Total	(main)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17, INFORMANY ADDRESS
(Yes, no arunknown) (If yes, give war ar dates of service) SECURITY NO.	And Jenley Watern Sr
IIB. CAUS	E OF DEATH INTERVAL BETWEEN
Z-80×/	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multip	1. injurios
(This does not mean the mode of dying, e.g., DUE TO	le injuries
heart failute, asthenia, etc. It means the disease, injury or complication which caused death.)	
injery of outspicous water course	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE AGOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS FERFORNIED	no IN CERTIFYING CAUSES OF DEATH?
	office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH. railroad tra	
ZID TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	
OF INJURY	
	while struck by train while playing on track
22. I certify that I held an Inquiry Inspection K Ac	utapsy and that on this basis, death in my opinian
resulted from: Notural causes Accident X Suici	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL ILLO O 1 7 -	DATE SIGNED
SIGNATURE WATER M.I.	D. ASSISTANT MEDICAL EXAMINER 1/3/67
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINEN
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23 D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) James 167 ms Call	mary Con (10 Print, med
The same of the sa	20C, FUNERAL DIRECTOR ADDRESS
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	TONERAL DIRECTOR
2 7 0 -	1 Done 19 3/2 lecheren 1/29 n ("
VS 151-REV, 1/4/8/19 1987 PLOUSE TOURS	The same of the same of the same
42 IDI-KEY. I/WIDE	



IMPORTANT

DIRECTOR:

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0-253	67 0180  BALTIMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  MABEL DICKENS  2. DATE AND HOUR PRONOUNCED DEAD January 5, 1967  8:10 P.,	=
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi B. COUNTY	
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  WATYLAND  (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Baltimore  Maryland  C. CITY OR TOWN (If outside corporate limits, write AURAL and give nowaship)	
	2110 Boone Street  D. STREET ADDRESS (If rurol, give locotion)  2110 Boone Street	
•	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (in yeors lift Under 1 Yr. If Under 24 Female Negro WIDOWED, DIVORCED(specify) 4-15-1915 55	irs.
	10A. USUAL OCCUPATION (Give kind of work) OR. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?  71. S. P.	
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN O.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS  15. WAS DECEASED EVER IN O.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.  239-60-0479 James Bickers Battlesborp N.C.	N
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Massive pulmonary thromboemboli	
	heard failure, ostherio, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	IC)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	Yes WAS PERFORMED Yes IN CERTIFYING CAUSES OF DEATH?	
	21A. EXTERNAL CAUSE WAS UNDERLYING LOC CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, sheet, office bldg. INJURY OCCUR?  Street Slade Street  21C. WHERE DID (If in Boltimore City, give exact location) whome, form, foctory, sheet, office bldg. INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
	(APPROX.) 12-13-66 ? WHILE AT NOT WHILE X Slipped on ice and fell	
	I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinion resulted from: Natural causes Accident X Suicide Hamicide Undetermined manner	
	ACTUAL SIGNATURE Charle J. A. ASSISTANT MEDICAL EXAMINER X DATE SIGNED	
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER January 6, 1967	
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Stote)	_
	Removal 1-8-67 New Mt. Zion Cenetery Whiteker, N.C. 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	
	VS 151-REV. 1/1/65 VS 151-REV. 1/1/65	16
	14 0 2 3 3	V

Married #-15-1915 DOMESTED White Kery M.C. Though REMERSE ITS - F HEW PS Zien Concrety, Whiteher, MC

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_ 1	67 0182 BALTIMORE CITY HEA	LTH DEPARTMENT				
F-355		ERTIFICATE OF DEATH Registered Ro. 0182				
_ 000	M.E. CASE NO.					
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD				
	WILLIS WILLES EDMONDS  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 3, 1967 11:35 P <sub>M.</sub> [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
		Maryland B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)				
		Baltimore				
45	Johns Hopkins Hospital	D. STREET ADDRESS (If rural, give location)				
4	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	2709 E. Federal Street   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.				
	Male Colored Managed (specily)	lost birthdoy) Months Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	0 //-//0/				
	done during most of working life, even if retired)  Latorer Steel Co.	LittletoN. N.C. 21, S. A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	Clara Edmonds 2709 F. Federal St.				
	(Yes, no grunknown) (If yes, give wor or dotes of service)  SECURITY NO.	al a i				
	yes W. W.2.	Clara Edmonds 2709 F. Federal St.				
	EYYIN	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	t Wounds of Chest				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO					
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
	(C)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	The Disease OF CONDITION CAUSING IT					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
		Yes Yes				
	UNDERLYING OR CONTRIB-	office bldg. INJURY OCCUR?				
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	1508 Ashland Avenue				
-	OF INJURY (APPROX.) 1 3 '67 11.20 P WHILE AT NOT	WHILE WI Was shot in chest				
	22.					
		topsy X ond that on this basis, death In my opinion				
	resulted from: Notural couses Accident Suicid	Homicide W Undetermined monner CHIEF MEDICAL EXAMINER				
	ACTUAL CONTRACTOR HE	ASSISTANT MEDICAL EXAMINER X				
	EYAMINEP'S	ASSOCIATE MEDICAL EXAMINER				
	NAME (Type) Rudiger Breitenecker, M.D.	1/4/6/				
	REMOVAL (Specify)					
	Remova 1-6-67 TION FILL 248, NAME OF RESTRAR	[24C, FUNERAY DIRECTOR ADDRESS				
	JAN 9 1967 R. Conto E. Farlyna	Roudofole Q. Collick 2431 F. Olivers				
	7	Mandagle J. Collick 2431 E. Olivers				

2-11-1921 Lateren Beech Co. Lierbeyon, M.C. 26.51 F Lizzie Williams Sinca Edmends Clara Edmonds 2008 F. Leveryes W.W.S. Removal 1-6-67 Zien Hillemerery Lierleven, 14.0. Paratelel Tellikayar E. Chia

Cm 040	BALTIMORE CIT	Y HEALTH DEPARTMENT		0400
BIRTH NO.  M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67 0183
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Kobert	· Young	)	8/67	19.25 PA
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND /	A. STATE B. COUL	ere deceased lived. If institu NTY	ution: residence before admission
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	nstitution, give street	C. CITY OR TOWN (III of	otside city limits, write RUR	AL ond/give township)
m - 1 1 -	1 1 1	Raltim	ore	27-01
Maryland Frener	of Itospital		rurol, give locotion)	
5. SEX   6. RACE   7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   1	Under 1 Yr. , If Under 24 Hrs
mw	widowed. Divorced (specify)	7-2-19	lost birthday)	f Under 1 Yr. If Under 24 Hrs lonths Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10E	It. Heade, Md.	11. BIRTHPLACE (State or fore	eign country)	2. CITIZEN OF WHAT COUNTRY?
Lauxackoccocco Ret. 1	Ost Engineer	Penna		USA
3. FATHER'S NAME	our frigureet	14. MOTHER'S MAIDEN NA	ME	000.1
Wm Young		hucino-	a - ampblu	
5. Was Deceased Ever in U. S. Armed Forces: Yes, no or unknown) (It yes, give wor or dotes of		17. INFORMANT	1	ADDRESS
105	2/8/10/10/	1 1-	60 5	m 1 H. 11
/18. // 2) // 1	CAUSE	DE DEATH	142-4-	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	71 0	, DEATH		ONSET AND DEATH
LEADING TO DEATH	C -	1. 12.		1/2 1.1
(This does not meen the mode of dy	ing, e.g., DUE TO	raize Firme	.\$.*	
heart foilure, asthenia, etc. It means the	diseose,		P	
ANTECEDENT CAUSES	(8)	Vacadial I	-to-tion	4 lates
	DUE TO	7		
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) sto		40000000	~ ^ ~	15 118
UNDERLYING CONDITION lost.	(0)		4.1	
- 11				
OTHER SIGNIFICANT CONDITIONS CON				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE TOTAL			
19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORE		10		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
21 D. TIME (Month) (Doy) (Year) (H	Tour 215 INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)	While At Not Whi			
	Work At Work			
22. I certify that (I) (this hospital) at	ttended the deceased fram@.34	11:m. 118	1967 10 9:250	m. 1/8 1967
that (1) (we) last saw the deceased a	live an	8 19 67 and th	nat in(my) (aur) apinia	n death accurred on the dat
and haur and from the causes stated	abave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	1 4			B. DATE SIGNED
11112150-	M.D. AH	ending Med.	Stoff Phys.	10/17
23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys. 13	1/8/01
NAME (Type)	P	100	, )	0
DAVID E. Zicka	stoose M.D.	11 my sad 1	15on. 1003	Pital
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	own, or county) (Stote)
burial 1-12-67			namokin. Pen	
	NAME OF REGISTRAL	25C. FUNERAL DIRECTO		ADDRESS
JAN 9 1967 QZ	But E. Farluna	Lepnard J.	Kuck Inc Bo	Itimore, Md.
15 150 BEN 1/1/45	7 3 - 7		<u> </u>	

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NAME OF DE	CEASED		O DATE AND	HOUR OF DEATH	
ype or Print)		COURTER			16:30 A
BLACE OF D	MICHAEL A.	SCHINDLER	Janua	ry 6, 1967	
PLACE OF D	EATH IN BALLIMORE, MA	RILAND	A. STATE B. COUNT	TY	nstitutian; residence before admi:
FULL NAME	OF (If not in hospital	or institution, give street	Maryland		
HOSPITAL OF	R oddress or locotion	n)	C. CITY OR TOWN (If outs	side city limits, write	RURAL and give township)
			Baltimore	#18	9-03
Mer	cy Hospital		D. STREET ADDRESS (If re	urol, give location)	
31			706 Melvill	e Ave.	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours N
Male	White	WIDOWED, DIVORCED (specify) Widowed	3/2/1896	70	
	CUPATION (Give kind of world of working life, even if refired)	108, KIND OF BUSINESS OR INDUSTR	IT   11. BIRTHPLACE (State or foreig	In country)	12. CITIZEN OF WHAT COUNTRY?
	L Rev. Service	US GOVT.	Maryland		USA
FATHER'S NA			14. MOTHER'S MAIDEN NAM	A E	
Alois	Schindler		Rosa Rhoeder		
	ed Ever in U. S. Armed For		17. INFORMANT		ADDRESS
Yes	W W 1	security No. 213-40-0616	Mr. Donald T. C	ronin, 406	Water St. 21202
18. 4.	0 11	CAUSE	OF DEATH	No. of the	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY	3 /	11	ONSET AND DEATH
	LEADING TO DEATH	IN Ka	Unorary Em	balism	16 clays
	nal mean the made of	dying, e.g., DUE TO			
		ine disease.			
	e, asthenia, etc. It means omplication which caused	deoth.)	/ /	- / 1/	
	omplication which caused	deoth.) (8) Arte	ensasclaintic La	ndio- Vasco	u- 5 Jeans
injury or co	ANTECEDENT CAUSES	deoih.) (B) Arte	lar Disease	ndia- Vase	u- 5 fears
DISEASES	ANTECEDENT CAUSES  OR CONDITIONS, if	ony, giving	lar Disease	ndio- Vase	u- 5 Jeans
DISEASES	ANTECEDENT CAUSES	ony, giving	eniasclaiotic La Var Disease	ndio- Vase.	u- 5 Jeans
DISEASES	ANTECEDENT CAUSES  OR CONDITIONS, if the obave couse (A)	ony, giving	eniasclaiotic La Var Disease	ndio- Vasc.	u- 5 Jeans
DISEASES	ANTECEDENT CAUSES  OR CONDITIONS, if the obave couse (A) NG CONDITION last.	slating The (C)	eniasclaiotic La Var Dispase	ndio-Vasco	u- 5 Jeans
DISEASES rise Io I UNDERLYIN OTHER SIG	ANTECEDENT CAUSES  OR CONDITIONS, if the obave couse (A) NG CONDITION last.	slating the (C)	eniasclaiotic La Var Disease	ndio-Vasco	u- 5 fears
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DISEASES rise IO I UN DERLYIN OTHER SIG	ANTECEDENT CAUSES  OR CONDITIONS, if the obave couse (A) NG CONDITION last.  II NIFICANT CONDITIONS CONDITION CAUSING CA	Stating The (C)  CONTRIBUTING ATED TO THE IT.			FINDINGS CONSIDERED
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DISEASES  iise Io I  UN DERLYIN  OTHER SIG  TO THE  DISEASE O  19A. A CCID  OR CONTRI  DEATH (notice)	ANTECEDENT CAUSES  OR CONDITIONS, if the obove couse (A) NG CONDITION last.  II NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTTING CAUSE OF	Solving Stating Ihe (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED	in or obout 21 C. WHERE DID office bidg., 21 F. HOW DID INJU	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEASES rise to the UNDERLYIN  OTHER SIGNOTO THE DISEASE OF 19A. DATE	ANTECEDENT CAUSES  OR CONDITIONS, if the obove couse (A) NG CONDITION last.  I) NIFICANT CONDITIONS CONDEATH BUT NOT RELAR CONDITION CAUSING OF OPERATION 198. CONWAS PER BUTING CAUSE OF GRAND CAUSE OF GRAND CAUSE OF GRAND (Month) (Doy) (Yeor)	Solving slowing slowing slowing the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20 A. AUTOPSY? (Yes or No)  in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEASES  iise lo l  UN DERLYIN  OTHER SIG  TO THE  DISEASE O  19A. DATE (  21A. A CCID  OR CONTRI  DEATH (notice)  21D. TIME  OF INJURY  (APPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if the obove couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTHNG CAUSE OF ify medicol exomine?)	Staling The (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While A1 Not Will Work  Not Will A1 Work	20 A. AUTOPSY? (Yes or No)  in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID INJURY	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED  USES OF DEATH?  e City, give exect locotion)
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OTHER SIGNOTHE OF INJURY (APPROX.)  21. I certify that (I) (WITTER)	ANTECEDENT CAUSES  OR CONDITIONS, if the obove couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS OF DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medicol exomine?  (Month) (Doy) (Yeor)  Fy that (I) (this hospite b) lost sow the decease and from the couses sto	Staling The (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Will Work Work  4) ottended the deceosed from	20 A. AUTOPSY? (Yes or No)  in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locotion)
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VS 150-REV. 1/1/65

Oaklawn Cemetery

24C. FUNERAL DIRECTOR

Baltimore, Md.

Leonard J. Ruck. Inc. Balto. Md. 21214

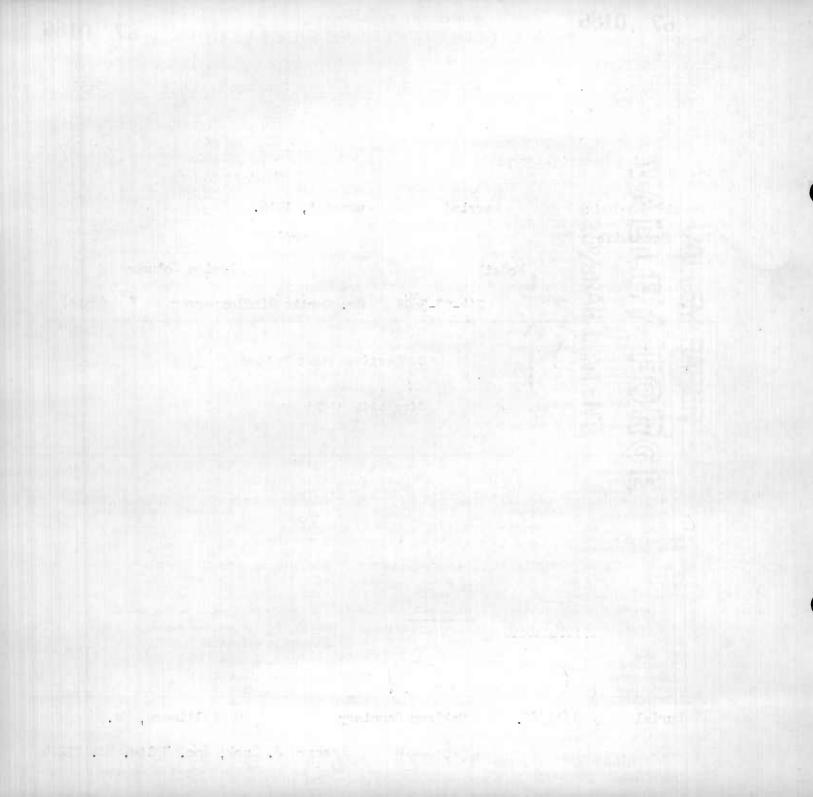
1/11/67.

1967

24B, NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65



VS 150-REV. 1/1/65

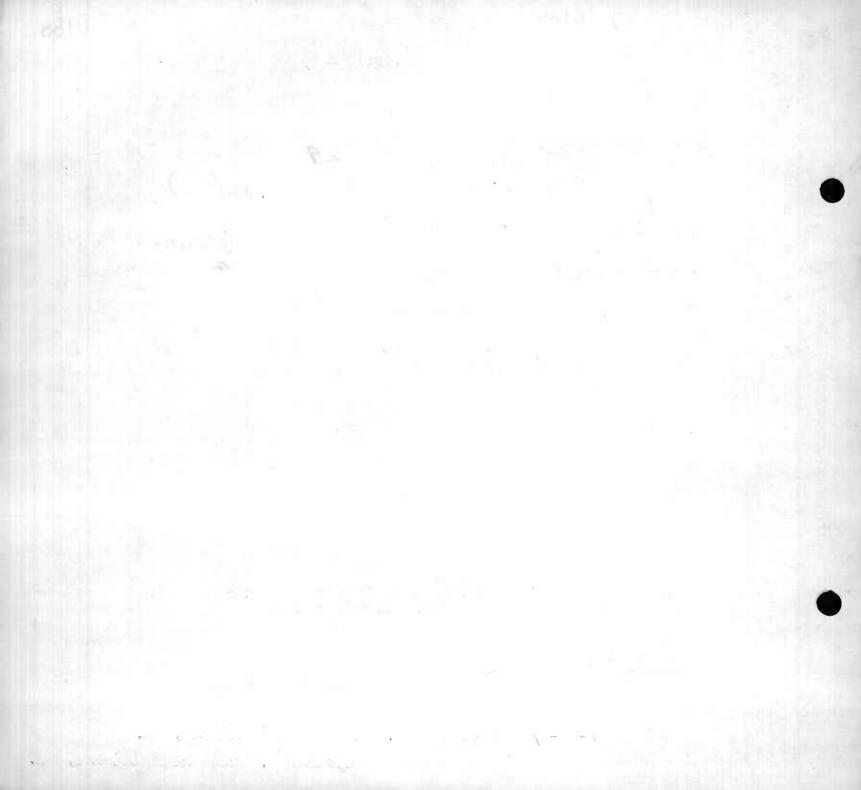
If Under 24 Hrs.

Hours



V\$ 150-REV. 1/1/65

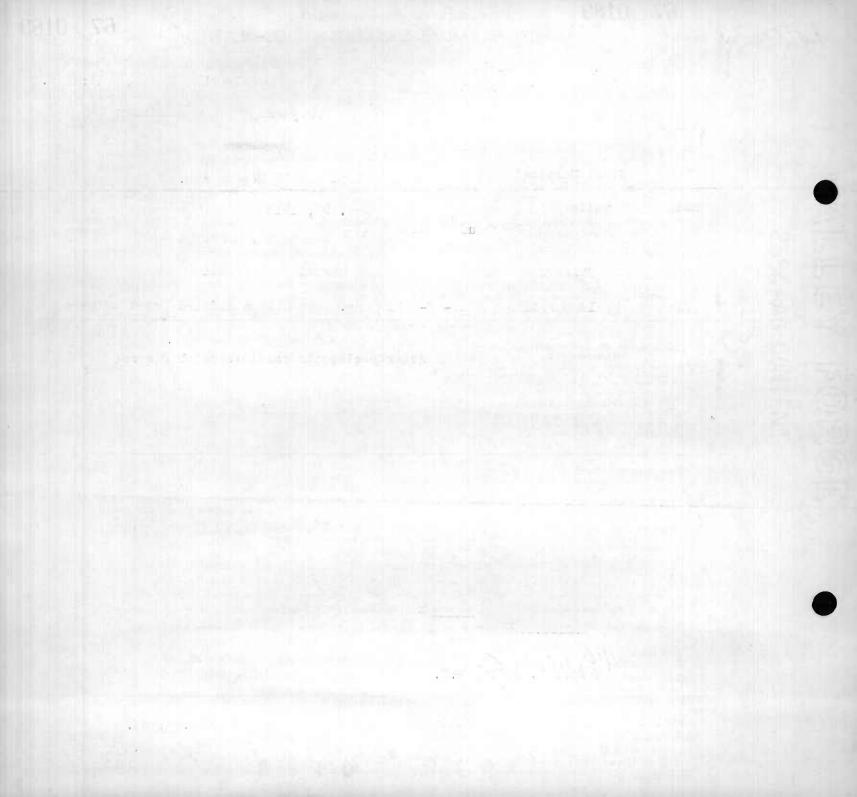
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0189

DIKI	H NO.	MILUI	CALLA	AMIIATK 2 CI	KIIIICATE OF	DEATH Register	red No.
	CASE NO.						
1. N (Typ	De or Print)		Melvi		2. DATE AN	1/8/67	11:36 a.
		IMORE, MARYLAND, W		INCED DEAD	4. USUAL RESIDENCE (Where A. STATE Maryland	deceased lived. If insti	itution: residence befare admission)
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If autsid	e corporote limits, write	RURAL and give tawnship)
	1/2				D. STREET ADDRESS (II roral,		53
	700	Sinai Hospi	ital		6107 Me	eadow Ave.	
5. \$	male	6. RACE White	WIDO WED, I	NEVER MARRIED DIVORCED(specify)  Tried	0ct. 20. 1916	9. AGE (In years last birthday) 50	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.
40 40	usual occu during most of v			aut Trailer Company	11. SIRTHPLACE (State or foreign	, Maryland	12. CITIZEN OF WHAT COUNTRY?
	James			ompany	14. MOTHER'S MAIDEN NAM Marcel (	Carwell	
15. \	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16, SO CIAL	17. INFORMANT		ADDRESS
(Yes	Yes	World War		217-09-6521	Mrs. Neva Eile	en Bafford	same address
L CERTIFICATION .	(This does repeated to the control of the control o	DE OR CONDITION DILLEADING TO DEATH  Not mean the mode of osthenio, etc. If meons on the mode of osthenio, etc. If meons on the mode of osthenio, etc. If meons on the mode of	dying, e.g., the discose, death.)  NY, GIVING ATING THE  CONTRIBUTING THE  II.  DITTON FOR Y	(B)	Osclerotic card		NDINGS CONSIDERED
<b>JEDIC</b>	UNDERLYING DE CAU	SE OF DEATH,	home etc.)	, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(if in Boltimore City, give	ve exoct lacation)
	OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	VHILE AT NOT VORK	21F. HOW DID INJU	JRT OCCUR?	
		ER'S Werner	nquiry 🗌	Inspection Aut	apsy ond that on the Homicide CHIEF MEDICAL EX	AMINER 🔀	
REA	BURIAL CREATED BURIAL	23B. DATE 1/12/1		C. NAME of CEMETERY o	crematory 23D. L tional Cemetery	OCATION (City,	town, ar caunty) (Stote)
24A	. DATE REC'D	JAN 9 1967	Robert Poles	E Farbura	24C. FUNERAL DIRECTOR		Balto ma
VS	151-REV. 1/1/	65			. O . A . O . D		

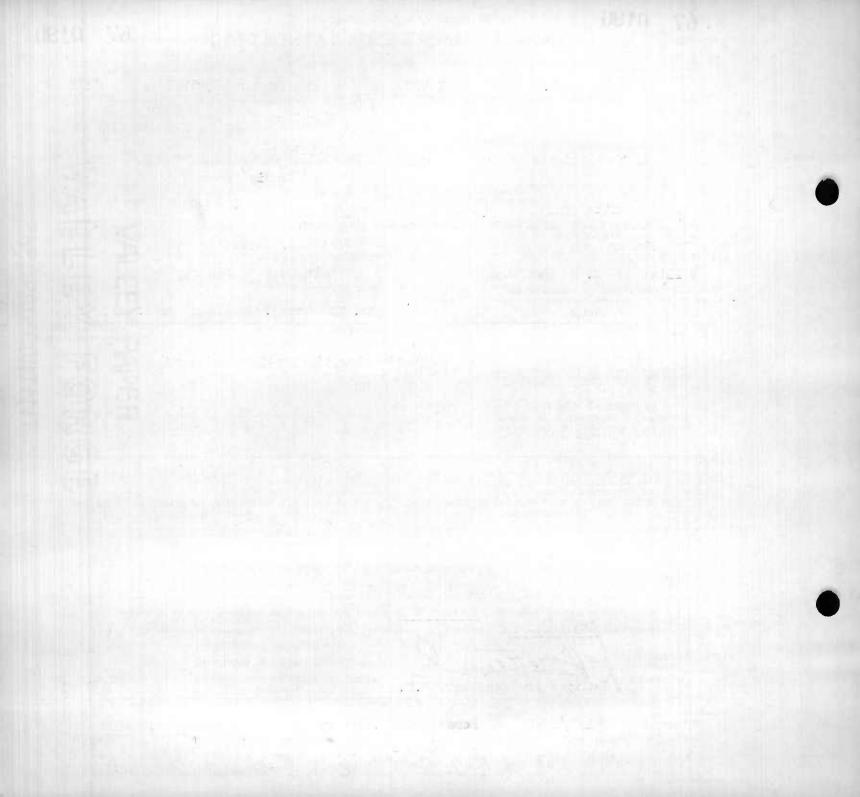


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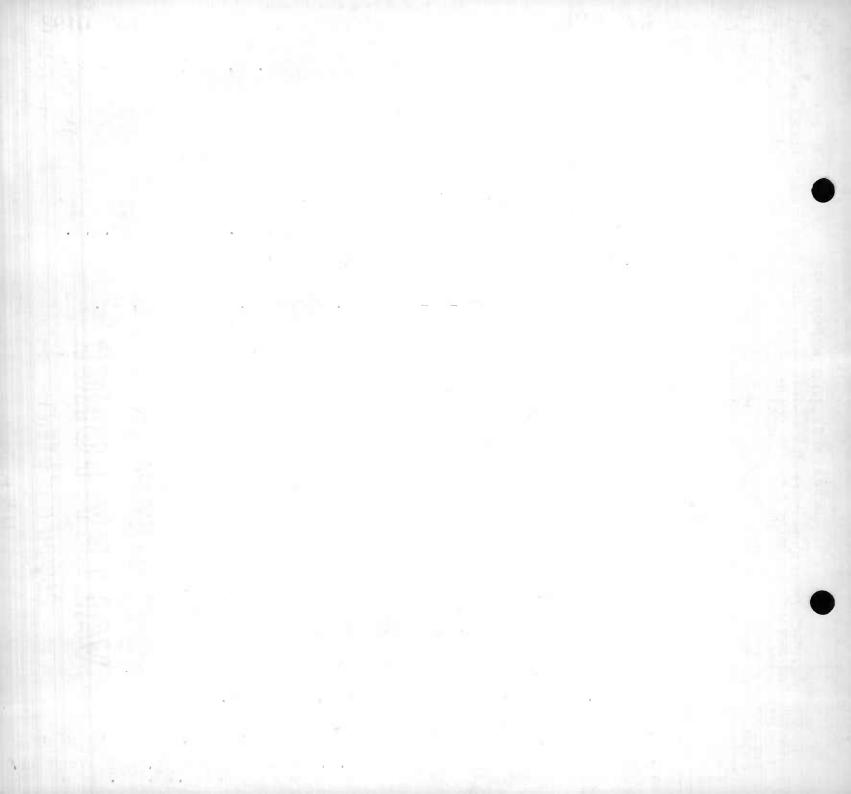
## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 0190

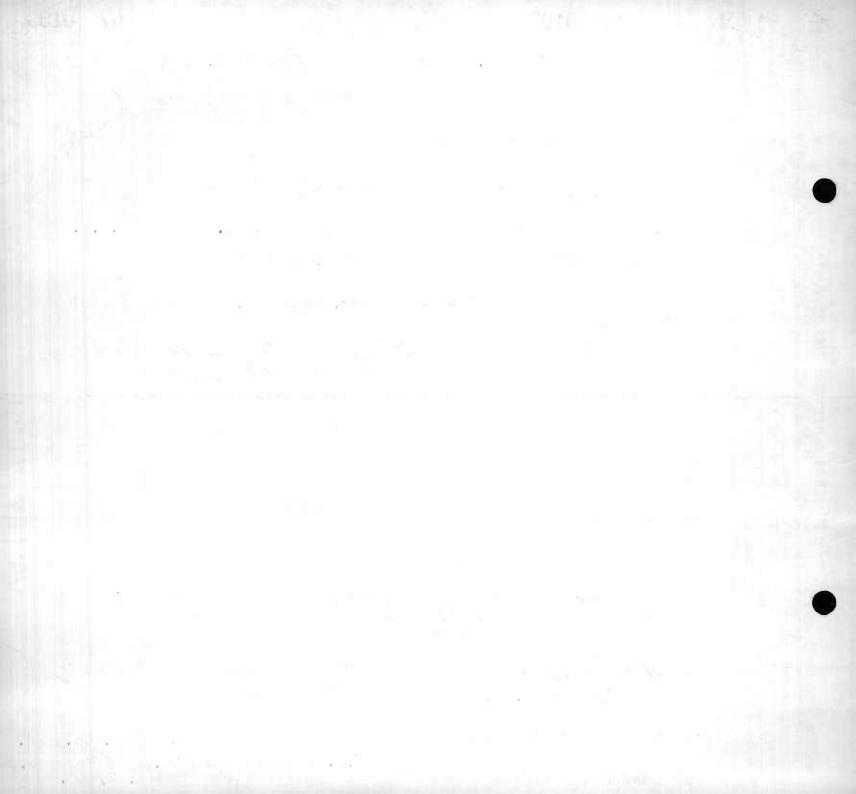
BIRTH NO.		WEDI	CALEX	AMINER 3 C	EKIIFIC	AIE OF I	JEAIH Registe	ered No.	UI	UU
M.E. CASE NO.										
1. NAME OF DE	CEASED						D HOUR PRONOUNC			
	EVERETT	A.		HAMILTON		Janu	ary 6, 1967		2:12	P M
3. PLACE IN BAL	TIMORE, MARY	LAND, W	HERE PRONOL	INCED DEAD	A. STATE	ESIDENCE (Where	deceosed lived. If ins B. CO	titution: residen	ce before o	dmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT I ADDRESS	OR LOCA	L OR INSTITUTION)	TION, GIVE STREET		aryland TOWN (If outsid	e corporate limits, writ	e RURAL ond	give towns	hip)
43 8	South Ba	ltimor	e Gener	al Hospital		altimore	give location)	سل		<u> </u>
1 4						108 Curtis	s Avenue			
5. SEX Male	6. RACE White		WIDO WED, I	NEVER MARRIED DIVORCED(specify) LVORCED	2/18/:		9. AGE (In years last birthd y)	Months Do	Yr. If Unde	er 24 Hrs. Min.
done during most of	working life, ever			BUSINESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or foreig		12. CITIZEN WHAT	OF COUNTRY?	
Shipi:						tland, Mar		1		
Wiblia		На	amilton			lizabeth	Doherty			
15. WAS DECEASI	ED EVER IN U.	S. ARMED		16. SO CIAL	17. INFORMA		-	ADDRESS		
Yes, no or unknown	(If yes, give No		of service)	SECURITY NO.	Mr. Wi	lliam G.	Hamilton P	ortland,	, Main	e
1B. 44 9	211.			CAUS	E OF DEATH				TERVAL BE	
RISE TO THUNDERLYI	OR CONDITION HE ABOVE CAI NG CONDITION HE AB	DSE (A) ST DN LAST.	ATING THE							
DISEASE O	F OPERATION			WHICH OPERATION	20A AUTO	DPSY2 (Yes at No.)	20B. IF YES, WERE FI	NDINGS CON	SIDERED	
- 62		WAS PERF		WHICH OFERATION		IO	IN CERTIFYING CAU			
UNDERLYING	CAUSE WA OR CONTRIB- USE OF DEATH		21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., IN.	C. WHERE DID JURY OCCUR?	(If in Boltimore City, g	ive exoct locot	ion)	
21 D TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor	v	VHILE AT NOT	WHILE 211	F. HOW DID INJU	JRY OCCUR?			
22. 1 cer	tify that I he	ld on Ir	nquiry 🗌	Inspection X Au	otopsy 🗌	ond that on thi	is bosis, deoth in	my opinion		
resu	Ited from:	atorol cou	ses X A	ccident Suici	de 🗌 Hor	micide U	Indetermined monn	er 🗌		
ACTUA SIGNAT		15	efter	July M.C	ASSISTAN	F MEDICAL EX	AMINER X	(	DATE SIG	SNED
NAME (	# 111/	diger	Breiten	ecker, M.D.	ASSOCIAT	E MEDICAL EX	KAMINEK		1/7/67	7
23A. BURIAL CRE	MATION, 23	DATE	23	C. NAME OF CEMETERY	or CREMATOR	Y 23 D. L	OCATION (City	, town, or coun	ity) (	(Stote)
Removal (Specific Removal)	1 1	/9/19		Forest City			outh Portlan			
24A. DATE REC'D	BY HEALTH	DEPT.		OF REGISTRAR		NERAL DIRECTOR		ADD	DRESS	2.1
	JAN 9	196	1 Pole	( Farley!	20/n	211.740	bner 280	no nor	the!	Pa.



Each Line Address. MOT SHIFTING TO M 3P 51 8 SUNTINE 0.4 AHOS/SONA 9 DUNN SMORT PERED MILLER Signog. Blicol Lewis Charles the section is the section of the section of



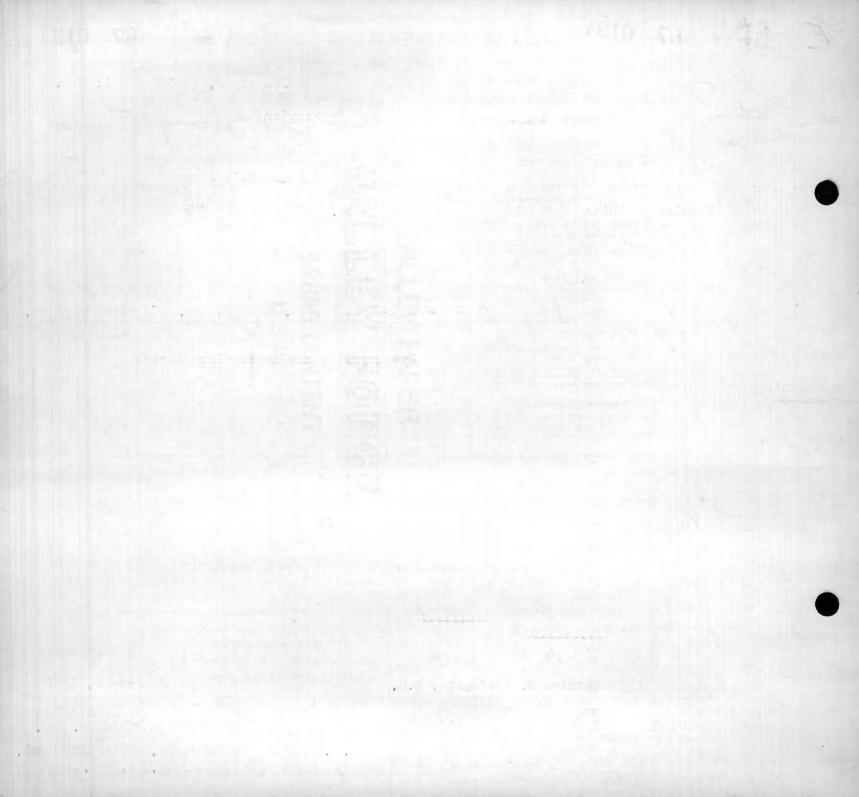
(Type or Print)	en 1			ND HOUR OF DEATH	
		lara H. Adams	Janua	ry 6, 196°	1 5 A
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived, tt in NTY	nstitution; residence before or
FULL NAME OF HOSPITAL OR	OF (If not in hospital address or location	or institution, give street n)	Maryland C. City OR TOWN (If au	Baltimore	RURAL ond give township)
			Towson		53-00
40	Pine Ridge	Nursing Home	D. STREET ADDRESS (IF	rural, give location)	
			1004 Clover		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	10/1/1884	9. AGE (In years last birthdoy) 82	If Under 1 Yr. If Under Manths Days Haurs
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?
House		Own Home	Baltimore,	Md.	U.S.A.
13. FATHER'S NAM			14. MOTHERS MAIDEN NA		
Samue	al Hoffman		Louise Kin	slev	
	Ever in U. S. Armed Far	rces? 1 6. SOCIAL	17. INFORMANT	V	ADDRESS
(Yes, no ar unknown	(II yes, give war at date	s of service) SECURITY NO.			
No			Mrs.Kathryn	A. Alford	(Same)
18. 4 4	2X1	CAUSE O	F DEATH		ONSET AND DE
	SE OR CONDITION DI LEADING TO DEATH nal mean the mode of	(A) are	vis dente	Cardio	r 8 years
	asthenia, etc. It meons	death)	edan Brenal	PARESO	
DISEASES C	ANTECEDENT CAUSES  OR CONDITIONS, if e obove cause (A) G CONDITION last,	(B)			
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DISEASES CRISE TO THE DUNDERLYING  OTHER SIGNITO THE DUSEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATU	ANTECEDENT CAUSES  OR CONDITIONS, if e obove cause (A) G CONDITION last,  II IFICANT CONDITIONS CEATH BUT NOT RELY CONDITION CAUSING OPERATION 19B. CON WAS PER  NT WAS UNDERLYING CAUSE OF medical examiner)  (Manth) (Day) (Year)  that (I) (this hospital lost saw the deceased from the couses sta	(B) DUE TO DUE TO DUE TO DUE TO DUE TO  CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)  (Haur) 21E. INJURY OCCURRED While At Not While At Wark  (I) attended the deceased from	20A. AUTOPSY? (Yes or No.  21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  4 C	OI 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimore)  OURY OCCUR?  19	USES OF DEATH?  e City, give exact lacation)  19  nion deoth occurred on
DISEASES (rise to the UNDERLYING)  NOTHER SIGNITO THE DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATU 23A. SIGNATU 23A. BURIAL CRE.	ANTECEDENT CAUSES  OR CONDITIONS, if e obove cause (A) G CONDITION last.  II IFICANT CONDITIONS CEATH BUT NOT RELY CONDITION CAUSING OPERATION 19B. CON WAS PER  NT WAS UNDERLYING UNDERLYING CAUSE OF medical examiner)  (Manth) (Day) (Year)  that (I) (this hospital lost saw the decease d from the couses sta  IRE  OPERATION, 24B. DATE Specify)  (MATION, 24B. DATE 1/9/19	any, giving sloting lhe (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)  (Haur) 21E. INJURY OCCURRED While At Work Not While At Work Not Work At Work Not Wo	20A. AUTOPSY? (Yes or No 22 C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY ON THE PROPERTY OF THE PROPERTY OF THE PROPERTY (Yes or No 22 C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY ON THE PROPERTY OF THE PROPERTY (Yes or No 22 C. WHERE DID INJURY OCCUR?	20B. IF YES WERE IN CERTIFYING CA  (If in Boltimon  URY OCCUR?  19ta	USES OF DEATH?  e City, give exact lacation)  19  nion deoth occurred on  23B. DATE SIGNED



E-32 PARTH NG67 019

0.4	BALTIMORE CITY F	EALTH DEPARTMENT		
MEDICAL	EXAMINER'S	CERTIFICATE OF	F DEATH Registered NG7	0194

	C, 12 2717 111111 1211 0 C	EKTITICATE OF DEATH	04.0
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print) SARA		January 5,	
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceased lived A. STATE  Maryland	d. If institution: residence before admission)  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET TION	C. CITY OR TOWN (If outside corporate limit	its, write RURAL and give township)
4016 Carisle Ave	nue	Baltimore D. STREET ADDRESS (If rurol, give locotion) 4016 Carisle Ave	entie
5. SEX 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Widowed	B. DATE OF BIRTH  12/9/1887  9. AGE (In lost birthdom) 7. 7	yeors If Under 1 Yr. If Under 24 Hrs.  Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSOWITO	108. KIND OF BUSINESS OR INDUSTR Own Home		12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME Abraham Greider		Lilv ?	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dote	FORCES? 16. SOCIAL SECURITY NO.	17. INFORM ANT	ADDRESS
18. 4/ //		D Caleb R. Kelly, J	INTERVAL BETWEEN
(This does not meon the mode of heart foilure, ostherio, etc. II meons injury or complication which coused of the mode of heart foilure, ostherio, etc. II meons injury or complication which coused of the mode o	CONTRIBUTING  (B)  (C)  (C)  (C)		
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
₹ 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore	City, give exact location)
21D TIME (Month) (Doy) (Year) (APPROX.)		21F. HOW DID INJURY OCCUR?	
I certify that I held on Ir		topsy ond that on this basis, dea	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles	S. Springate, M.D.	CHIEF MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER	DATE SIGNED  January 6, 1967
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)  Burial 1/9/19		Pikesvi	(City, town, or county) (Stote)  11e, BaltoCo., Md.
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR		s Co. 4905 York Rd. alto.12, Md.



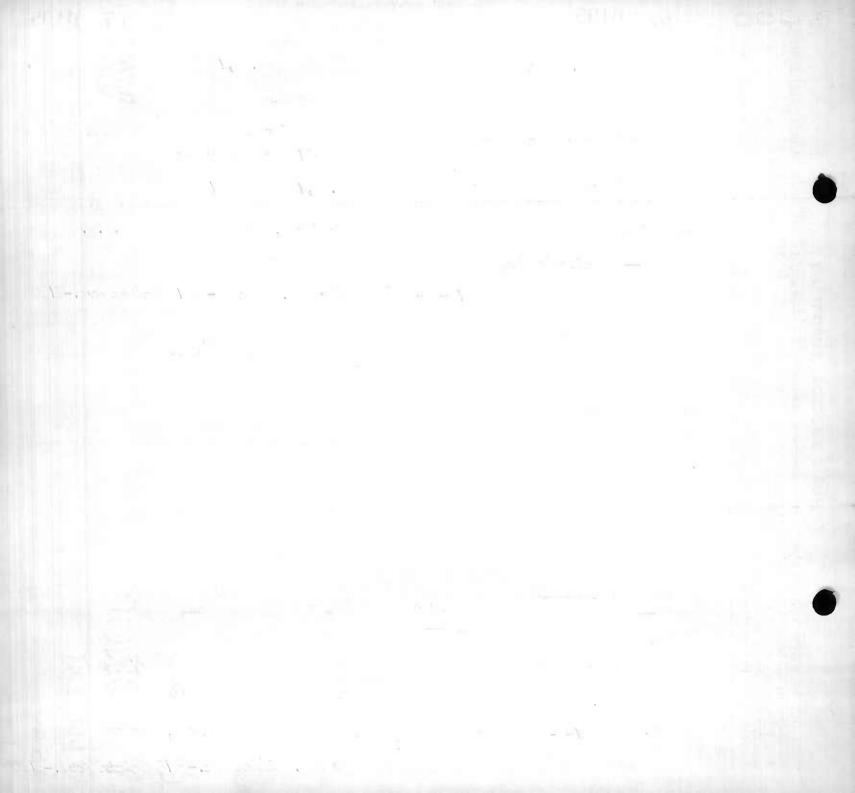
death

IMPORTANI

DIRECTOR:

FUNERAL

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? Anthony H. Besche - 4212 Belmar Ave. -21206 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) apinian death accurred an the date 23B. DATE SIGNED Miller Inc. -6415 Belair Road. -21200



	67 019	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	0400
BIRTH NO. 65 - 181	67	CERTIFICA	ATE OF DEATH	Registered No	67 0136
M.E. CASE NO.	ED		DATE A	ND HOUR OF DEATH	
Type or Print)		4	2. 0011	. /	
11	LLIAN SPE	NEER		- 6 - 67	2-30 D
B. PLACE OF DEATH	IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in:	titution: residence before admiss
					p 16 11
FULL NAME OF	(If not in hospital or ins	stitution, give street	MARYLAN	1	Dalla Cu,
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If or	utside city limits, write R	URAL ond give township)
			BALTI MURE		63 m
- D UN	VERSITY	HOSPITAL		rurol, give location)	
3 X		1103FILIA			
			315 5	· Victore St	
5. SEX 6.	RACE 7. N	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
To ale	V To V	VIDOWED, DIVORCED (specify)	7-3 15	lost birthday)	Months Doys Hours Min
P. Children	where	DIWGLE	1-1-63	1/24	
OA. USUAL OCCUPA	TION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
done during most of work	ing life, even if retired)		1 - 4-3		WHAT COUNTRY?
NO	JE	NONE	Mary land		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
0				-	
HOL	Walker		Catrin	Iex	
5. Was Daged of Fu	er in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1.4.	ADDRESS
Yes, no or unknown) (If	yes, give wor or dotes of	SECURITY NO.	IIII ORIVIAII		ADDRESS.
No	NantE	NONE	Mate	EN	3 and .
	10000			and the same of th	
18.736	1021	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE	OR CONDITION DIRECT	LY			ONSET AND DEATH
LE.	ADING TO DEATH		Biliance	urchosis	1 / V
(This does not	mean the made of dyin	q, e.q., DUE TO			
	henia, etc. II means the				4
	ation which caused deat		D 1.		1/Y . 30
AN	TECEDENT CAUSES	(8)	Las 11 and	Bh egre	1 4 40
All All	IECEDENI CAGSES	DUE TO	······································	***************************************	
DISEASES OR	CONDITIONS, if any,	giving			
rise to the	abave cause (A) stol	ing the (C)			
UNDERLYING C	ONDITION lost.				
	- 11			17	
Z OTHER MONTE	ANT CONDITIONS CONT	DIDILTING			
	ANT CONDITIONS CONT THE BUT NOT RELATED				
	NDITION CAUSING IT.	1112			
U 19A. DATE OF OF		N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE F	INDINGS CONSIDERED
Dec	WAS PERFORM	A L		IN CERTIFYING CAL	LSES OF DEATH?
a dec	1965 3	any Atresia			
U 21 A. A CCIDENT	WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	office bldg INITIAN OCCUP	(If in Baltimore	City, give exact location)
OR CONTRIBUTION		home, form, toctory, street,	office bldg., INJURY OCCUR?		
O DEATH (notity me	dicor exominer	A TALET			
	Nonth) (Doy) (Year) (Ho	our) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At Not Wh			
(APPROX.)		Work At Wor	k		
00 1	415.4.1			/ 59	1
22. I certify the	at (I) (this hospital) att	ended the deceased from	1-3-5	19 67 to	- 6 19 6
that (I) (wa) la	st saw the deceased al	ive on 1 = 6	19 67 and t	hat in (my) (aux) ani-	ion death occurred on the
					non decin occurred on the
and hour and fr	om the couses stated a	bove. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE			·		23B, DATE SIGNED
d	<del>*************************************</del>	-0	ttending - AAAA -	Stall -	1 1 1
TO CO	10/ Leve	M.D. A	ttending Med.  Director	Staff Phys.	1-6-67
23C. PHYSICIAN'S			23D. ADDRESS		
NAME (Type			200. ADDRESS		
	0 1/2/10000	Ann I I M M.D	UNIVER	28174 11-	POTO
0,	LVENERA	CION JR.		0111	17/17 NO -
REMOVAL (Spec		24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (Cit	y, town, or county) (Sto
113		MIT DI	+	`	111
DURIAL	- 1-7-67	MT-OLIUE	1	SAB HUNER	Md.
SA. DATE REC'D BY	HEALTH DEPT. 258.	Color & Forling	25C. FUNERAL DIRECTO	Bak Bures	ADDRESS
	JAN 9 1967 1	20. 8- 8/stallen	1 Can a scha	IN THENERY	1 0 0 - 1) -
	1001	Parent -1 deman	Hrance W	yyeller 210	1 Hederak ar
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IMPORTANT

DIRECTOR:

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	04	0400		BALTIMORE CITY HEAL	TH DEPARTMEN	T	67	0198	2
BIR	TH NO. D	MEDI	CAL EX	KAMINER'S C	ERTIFICAT	E OF DEATH Regist	tered No	03.00	J
M.	E CASE NO.								
1.	NAME OF DI	CEASED				2. DATE AND HOUR PRONOUN	CED DEAD		
117	I	LINETTE		SCOTT		January 6, 1967		3:15	P
3.	PLACE IN BAI	TIMORE, MARYLAND, WI	HERE PRONO	UNCED DEAD	I A CTATE	ENCE (Where deceased lived. If in	stitution: resid	lence before	odmi s sion
ELL	LL NAME OF	(IF NOT IN HOSPITA	ITITZMI GO LA	UTION CIVE STREET	Mar	yland			
HC	SPITAL OR	ADDRESS OR LOCA	TION)	OHON, GIVE SIKEEI	C. CITY OR TOW	N (If outside corporate limits, wr	ite RURAL on	d give towns	hip)
	~				Bal:	timore	14-	-03	
	()():	520 Gold Stree	t		D. STREET ADDR	LESS (If rural, give location)			
		-ma				Gold Street			
5.	SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years		1 Yr. If Und Doys   Hours	
I	Female	Negro	WIDOL	1	Feb 23	2. 1910 56			
		CUPATION (Give kind of work			11. BIRTHPLACE	State or foreign country)	12. CITIZE		-
	-3/	working life, even if retired)			MATTO	WAVP. VA.		COUNTRY?	
13.	DOME FATHER'S NA	ME		777 129	14. MOTHER'S MA	AIDEN NAME	00	//-	
	DNde	Erson CR	Alala	0 1/	1.	UNETTE (	TONK	1011	
15.	WAS DECEAS	ED EVER IN U.S. ARMED		76. SO CIAL	17. INFORMANT	THE BAITIM	ADDRESS	~ -	
(Te	s, na ar unknow	n) (If yes, give was ar date:	s at service)	SECURITY NO.	600	D. 1-1	IVISIO	N 0%	
	18.			220-22-3433	OF DEATH	tt. DAITIM	ione.	Ma	
	45	4/1		CAUSE	OF DEATH			ONSET AND	
	DISE	ASE OR CONDITION DIE	RECTLY	Antonio	anlamatic	Candia			
	(This does	not meon the mode of e, osthenio, etc. It meons		DUE TO	scierotic	Cardiovascular D:	Lsease		• • • • • • • • • • • • • • • • • • • •
	injury or c	e, osthenio, etc. It meons amplication which coused o	the disease, deoth.)						
		ANTECEDENT CAUSES				,			
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)DUE TO	***************************************	***************************************		***	
	RISE TO T	HE ABOVE CAUSE (A) ST ING CONDITION LAST.	ATING THE						
Z				(C)		***************************************			
CERTIFICATION		II .		VIII - I - I - I - S					
0		DEATH BUT NOT REL							
TF	DISEASE	OR CONDITION CAUSING	IT.		**				
CER	19A. DATE O	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208. IF YES, WERE I			
-1	OT A EVTERNI	AL CALLER WAS	Taxa		No				
MEDICAL	UNDERLYING	OR CONTRIB-	home	, form, foctory, street, o		HERE DID (If in Boltimore City, OCCUR?	give exoct lo	cation)	
Ð	UTING	USE OF DEATH.	etc.)						
2	21D TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 2	TE INJURY OCCURRED	21 F. HC	W DID INJURY OCCUR?			
	(APPROX.)		m. V	WHILE AT NOT	WHILE				
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	ACTUA	1)//	- 1. Q	1) //		DICAL EXAMINER		DATE SI	GNED
	SIGNA		well	la Culi M.D.	ASSISTANT ME	EDICAL EXAMINER 🗵			
	EXAMI NAME	J KMAJGER	Breite	necker, MD.	ASSOCIATE M	EDICAL EXAMINER		1/7/6	7
	ON BURIAL CR	/ \		C. NAME of CEMETERY o					(State)
0	an a Copeci	Benil JANII	1967 0	SPRING HULL	hurch	BlackSTON	e MAT	TOWAL	Usn
24/	A. DATE REC'I	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	· 24C. FUNERA	AL DIRECTOR	J D A	DDRESS.	200
		JAN 9 1967	00	. 0 Z. 0	MI.	r- 11	Box	184	)
		JAN 9 1967	Volen	D. S. MOTHERINA	HORAN	Blackston vce Fun Home	Blac	eks To.	ve v

a supposed from the form of the Chief Theory of the State of the State

ίŤγ	E CASE NO.  NAME OF DECEASED  pe or Print)  ANNA HIMMEN GOODEN	January 5, 1967 1:25 P
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY  Maryland
HO	ADDRESS OR LOCATION) 4602 Schenley Road	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)  Baltimore
	O O	D. STREET ADDRESS (If rurol, give location) 4602 Schenley Road
5. 9	Female  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  AUG 19 1885  9. AGE (In years lif Under 1 Yr. If Under 24 Hours Min Manths, Days Hours Min 81
don	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY leaduring may of working life, even it retired)	New Versey WHAT COUNTRY?
15.	Frederick Himmen WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL	14. MOTHER'S MAIDEN NAME  19. INFORMANT  ADDRESS
(Yes	s, no arunknawn) (If yes, give war or dates of service)  SECURITY NO.	ENOS P. Gooden 4602 Schewley Rd
ICATION	(This does not mean the mode of dying, e.g., heart failure, as thenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEIDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
CERTIFI	DISEASE OF CONDITION CAUSING IT	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B, PLACE OF INJURY (e.g., indeed, form, factory, sheet, one)	, in ar about 21C. WHERE DID (If in Baltimore City, give exact lacation) office bldg., INJURY OCCUR?
Σ	21 D TIME (Manth) (Day) (Yeat) (Haut) 21 E. INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE
	I certify that I held on Inquiry Inspection X Autresulted from: Natural couses X Accident Suicide	de Homicide Undetermined manner DATE SIGNED
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Charles S. Petty  Burial CREMATION, 123B. DATE  23C. NAME of CEMETERY of	ASSOCIATE MEDICAL EXAMINER 1/5/67

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

BIRTH NO.

12:20pm

If Under 24 Hrs.

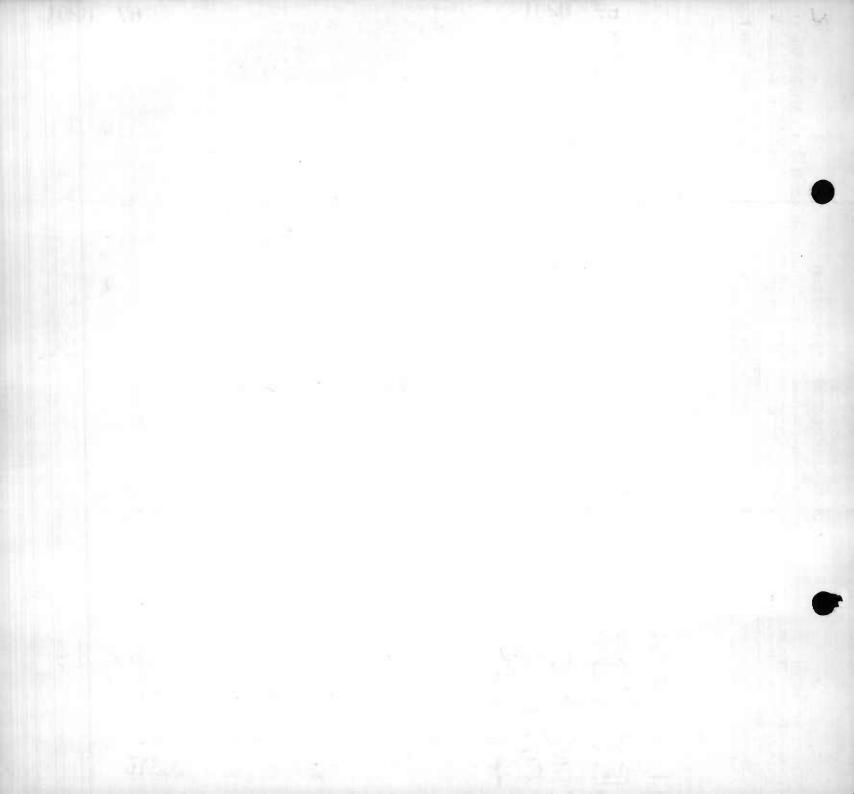
Hours

ADDRES!

INTERVAL BETWEEN ONSET AND DEATH

Registered No.

describe and . V. The state of Jan 5, 1896 71 Co , V gradent



3. PLACE OF DE	Donald Z	Mann		4. USUAL RESIDEN	ICE (Whele deceased lived. If B. COUNTY	institution: residence before admission)
FULL NAME ( HOSPITAL OR )NSTITUTION	oddress or tocotion)			11	LVAN IA . (If outside city limits, write	e RURAL and give township)
44	JNION NEW	081141	L HOSPITAZ	D. STREET ADDRES	S (If rurol, give location)	V - 33
5. SEX	6. RACE White	WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE On years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of work) working life, even if retired) CO e		BUSINESS OR INDUSTRY	11. BIRTHPLACE (SHE		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NA Hora				Dorothy		1 0 3/ 4
5. Was Decease	d Ever in U. S. Armed Force on (If yes, give wor or dotes) W.W. 2	os? of service)	16. SOCIAL 199-14-0401	17. INFORMANT		ADDRESS Stephen PlpaHanove
18. 2 BL	SE OR CONDITION DIRE	CTLY	CAUSE O	F DEATH	Faith L	INTERVAL BETWEEN ONSET AND DEATH
heart failure, injury or con	no) mean the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES	he disease,	(A) DUE TO	emorrhagi	Conglation	of ne lings
rise to th	OR CONDITIONS, if a ne above cause (A) G CONDITION last.			V	<i>V</i>	V
E TO THE D	II  IIFICANT CONDITIONS CO  DEATH BUT NOT RELAT  CONDITION CAUSING IT	ED TO THE				
U 21A. ACCIDE OR CONTRIB	AMAC DEDE	USUN -	PLACE OF INJURY (e.g., i e, form, foctory, street, o	755	Yes or No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  OF City, give exect location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		le At Not Whil	е Г	DID INJURY OCCUR?	,
22. I certify	y that (+) (this hospital) ) lost sow the deceased and from the causes state	l olive on	1/2	19 6 7	ond that in (my) (our) o	pinion death occurred on the date
that (4) (we				ending Med	Stoff -	23B. DATE SIGNED
that (J) (we	Hand 1.1	hward	) 1119		tor Stoff Phys.	1/1/61

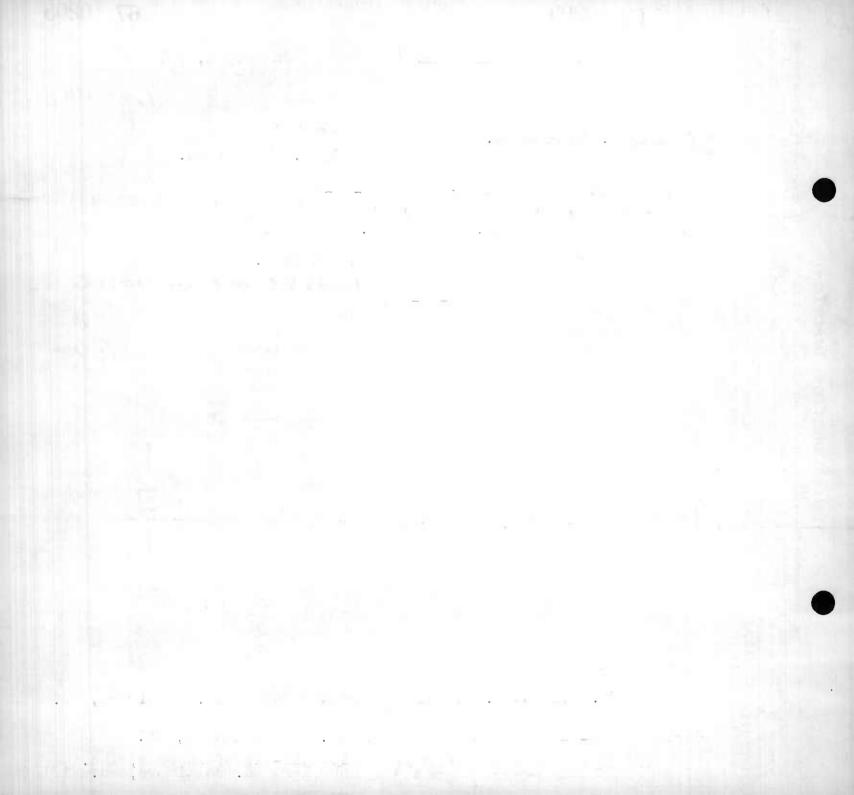
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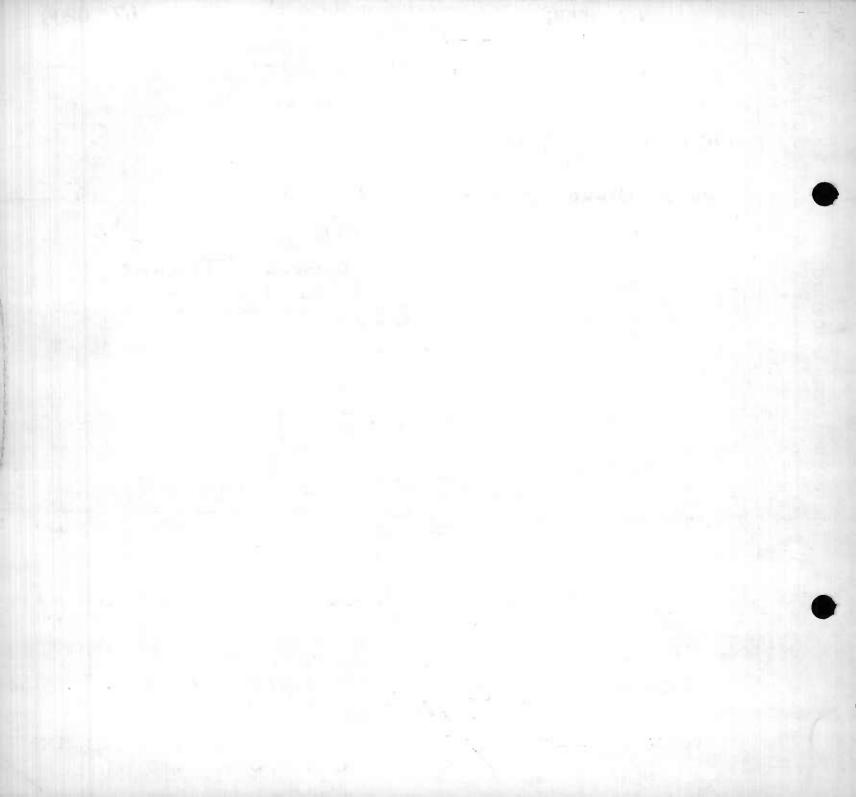
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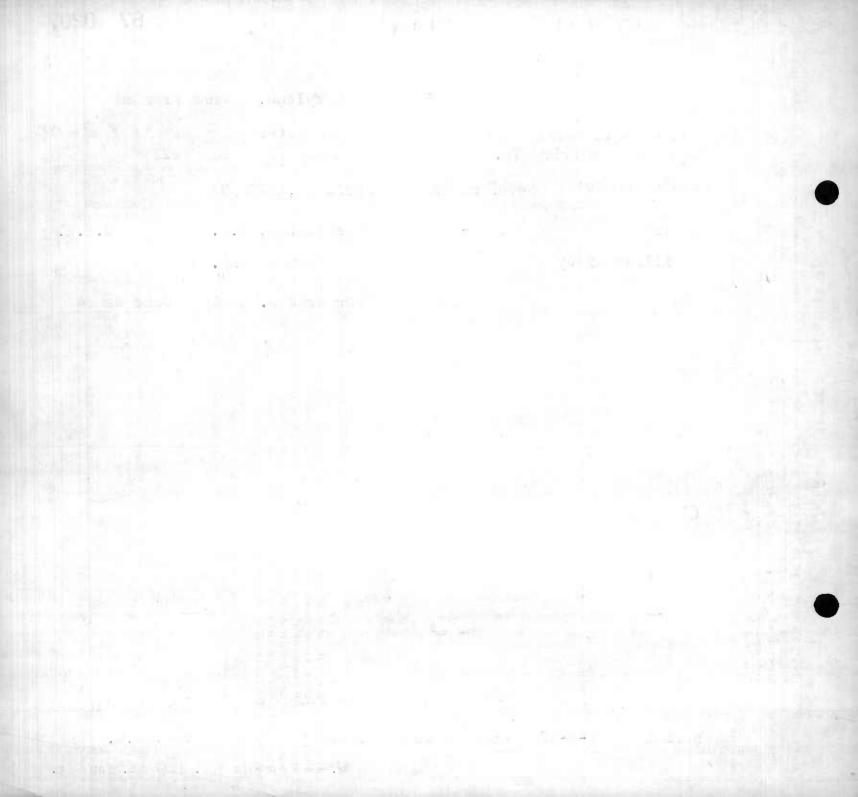
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1	67 0205	BALTIMORE CIT	TY HEALTH DEPARTMENT		67	0205
IRTH NO.	ol ueno	CERTIFICA	ATE OF DEATH	Registered No		0200
A.E. CASE NO. NAME OF DECE		Carroll Beane		uary 6,196		
. PLACE OF DEA	TH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residen	ce before admiss
FULL NAME OF HOSPITAL OR INSTITUTION  271	F (If not in hospitol oddress or tocotion		Maryland c. city or town Baltimore D. street Address	outside city limits, write	RURAL ond give	66 township)
			2715 N. Ch	arles St.		
Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	9-13-1903	9. AGE (In years lost birthday)	If Under 1 Yr Months Doys	Il Under 24 Hours Min
	JPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or to	reign country)	12. CITIZEN C	OF OLINTRY?
Conduct	cor	Balto. Transit			WIIAT	
			14. MOTHER'S MAIDEN N			
	Lombard Bea			. Dunaway		
5. Was Deceosed Yes, no or unknown) No	Ever in U. S. Armed Ford (It yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO. 213-10-045	17. JAMENS L. C 52 HA	URRIE - KIL	LMARAB	PRESS V.
18. 15	7 VI	CAUSE	OF DEATH			VAL BETWEEN
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	at mean the made of	dying, e.g., DUE TO	ene J paver	es	//2	yes
heart failure,	asthenia, etc. It means	the disease,				
	plication which caused	death.)				
injuly ar cam	aplication which caused	(B)		· · · · · · · · · · · · · · · · · · ·	i ni vi vi di disele diada na com O ili disele in moto O O Di Di O	m 0 0 0 daji dak 0 0 m dak 0 0 0 0 0 0 0 0 0 0 0 0 0
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	NAME OF	f (If not in ho	spitol or institu	tion, give street	Maryland,	Anne	Arundel
	TUTION	oddress or l	ocotion)				rite RURAL and give townshi
Bo	1ton	Hill Nu	rsing	Home	Edgewater		52-
			_		D. STREET ADDRESS (IF	rurol, give location	
La.	утегс	e and Jo	) in 518	•	Route #3	Box	622
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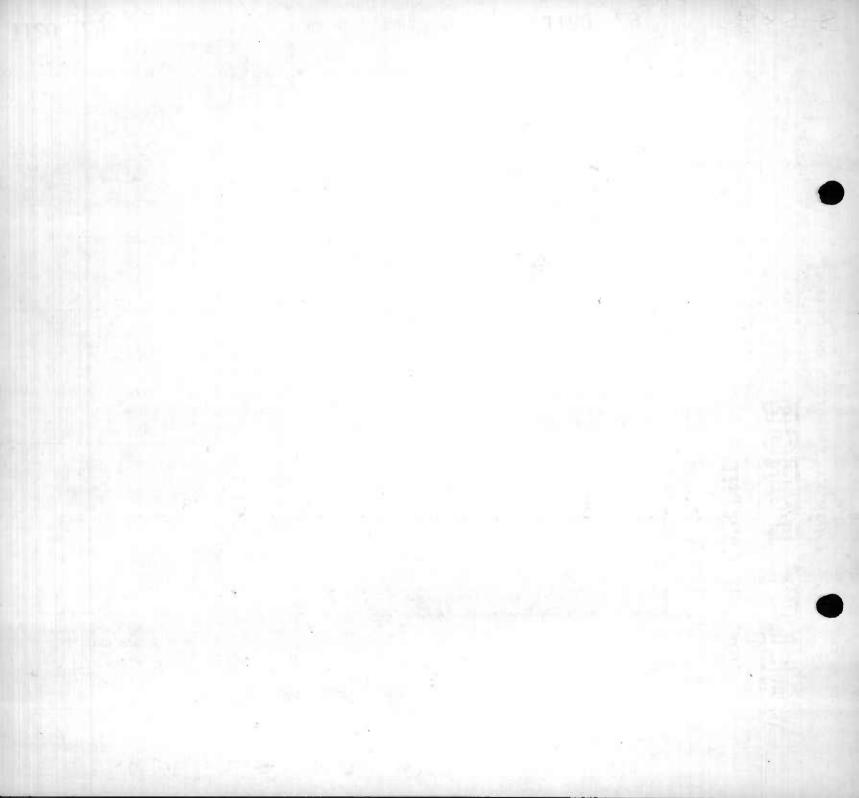
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1.	LE. CASE NO.  NAME OF DECEASED ype or Print!	2. DATE AND HOUR PRONOUNCED DEAD
	JULIAN FENNEMAN	January 5, 1967   3:55 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admission) A. STATE B. COUNTY
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
IN	OSPITAL OR ADDRESS OR LOCATION) ISTITUTION	C. CITY OR TOWN (If outside carparate limits, write RURAL and give township)
	0 0 0 00000 00000	Baltimore /8-03  D. STREET ADDRESS (If rural, give location)
	9 S. Carey Street	
5.		9 S. Carey Street DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
	Male White Widower DivorceD(specify)	Months Doys Haurs Min.
10	A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BY SINESS OR INDUSTRY 11	1. BIRTHPLACE (State or fareign country) 12. CITIZEN OF
do	ine during most of working life, even if retired)	Brotimore Md. WHAT COUNTRY?
13	FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	Hours Francous	youtsudo ?
15	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL  17. SECURITY NO.	7. INFORMANT ADDRESS
	10 00 07211	Marallini of the
	[18.	OF DEATH INTERVAL BETWEEN
	42001	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and anotic condinuous landings
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	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	near failure, astrenia, etc. it means the disease,	
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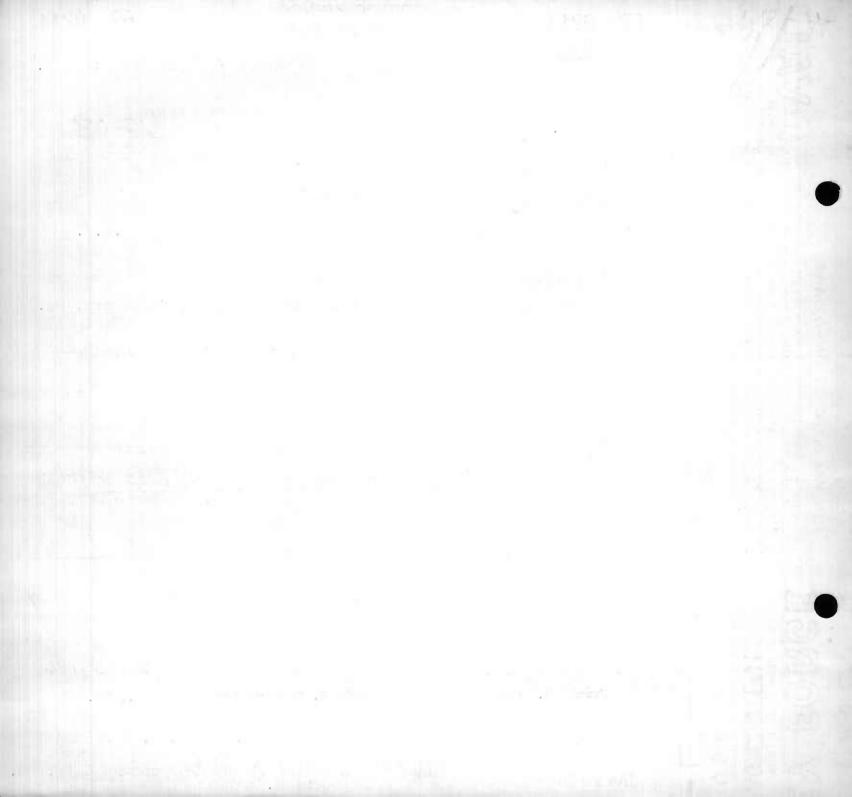


	67 0212	BALTIMORE CITY	HEALTH DEPARTMENT		67 0212
The second second	ITH NO. E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	07 00.10
1.1	NAME OF DECEASED  (PO OF Print) BRINKMAN N	IARY	2. DATE AND	HOUR OF DEATH	67 625 AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, s	give street	MARYLIAN	Ö	titution: residence before odmission)
	HOSPITAL OR oddress or location) INSTITUTION INSTITUTION INSTITUTION INSTITUTION	AL HOSP		IORE	JRAL and give township)  13-07
	44 BALTIM	ORE	3939 RG	OLATIVA	AVENUE
1	EMIRE WHITE WIDOWE	never Married Divorced (specify)	12-12 93	13	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF ne during most of working lile, even if relired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	TWD	THAT COUNTRY?
13.	FATHER'S NAME NOT know	en	14. MOTHER'S MAIDEN NAM	Known	
(Ye	. Wos Deceased Ever in U. S. Armed Forces? es, no arunknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	KMAN 3.	ADDRESS 310120CANDAUG
	18. 434,11	CAUSE O	A		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g.,	(A) Con	IGESTIVE HEA	ET FAILU	RE.
	heori foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	15	RMINAL AS	PIRATION	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	(B)			
	rise to the obove cause (A) stoting the UNDERLYING CONDITION last.	(C)		CA.	Memorial
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF hom DEATH (notify medical examiner)	e, form, foctory, street, of	or obout 21 C. WHERE DID	(II in Boltimore	City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E,	INJURY OCCURRED  ile At Not While k At Work	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that (1) (this hospital) attended to that (1) (we) last saw the deceased alive an	1-5	19 67 and tha	t in (my) (our) apin	ian death accurred an the date
	and haur and from the causes stated above. (1				23 B. DATE SIGNED
	23C. PHYSICIANS NAME (Type) THE TOPUS	Phy	Med. Director  23 D. ADDRESS	I MEMC	PRIAL HOSK
24	REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D. LO		, town, or county) (State)
_	BURIAL 1/9/67 C	OR RAIN 5	25C. FUNERAL DIRECTOR	ALTO, MO.	ADDRESS
	JAN 10 1901 ( 1908	E Harberna O	Butt dans	361;	rebet me,
VS	150-REV. 1/1/65				

214-01-284 Call BRILLY WAY BRICKER punia 1/9/67 consume per 10 mas Allen Some Killer

1	M.E. CASE NO. Leonard				
	1. NAME OF DECEASED (Type or Print) SAMUEL KRAUSS	January 5, 1967 9:50	P		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY	re odmission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give to			
	INSTITUTION	Baltimore 25-3	3		
	2341 Annapolis Road	D. STREET ADDRESS III rurol, give location)			
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  B. DATE OF BIRTH  B. DATE OF BIRTH  Solve to birthday   Months, Doys, Ho	inder 24 His.		
	Male White Widowed	11-29-1873 930			
	to A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUS.  done during most of working life, even if retired)  The box Poil Trond	WHAT COUNTI	U.S.A		
	Labor Ret. B. O. Railroad	Maryland 14. MOTHER'S MAIDEN NAME	0.0.1		
	Jonathan Krauss	Margaret Tyson  17. INFORMANT ADDRESS			
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		D-		
	NO None		BETWEEN		
	DISEASE OR CONDITION DIRECTLY	ONSET A	ND DEATH		
	LEADING TO DEATH  (This does not mean the mode of dving, e.g., DUE TO	eriosclerotic cardiovascular disease			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION				
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes	D		
	✓ 21A, EXTERNAL CAUSE WAS  OUNDERLYING OR CONTRIB-	p, in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bidg, INJURY OCCUR?			
	UTING CAUSE OF DEATH.				
	OF INJURY	T WHILE			
	m. WORK AT	WORK			
		ide Hamicide Undetermined manner			
	Tosoffed from Harden Cuses A Accident	CHIEF MEDICAL EXAMINER	SIGNED		
	SIGNATURE Cleans J. Jana M.	D. ASSISTANT MEDICAL EXAMINERXX	SIGNED		
	EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 6, 1	.967		
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER		(Stote)		
	REMOVAL (Specify)				
	REMOVAL (Specify)  Rurial 1-9-1967 Brookview (	Cem. Rising Sun. Md.			
	Burial 1-9-1967 Brookview (	Cem. Rising Sun, Md. Address Address			
		Cem. Rising Sun, Md.  Address  Address  Rising Sun, Md.  Address  Address  Rising	Sun, N		

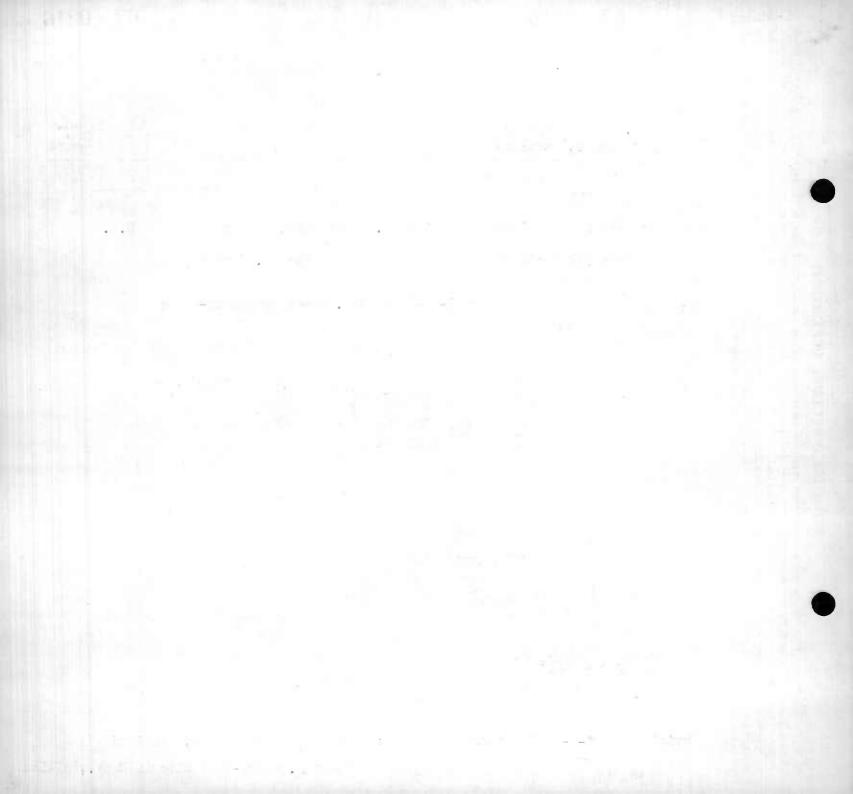
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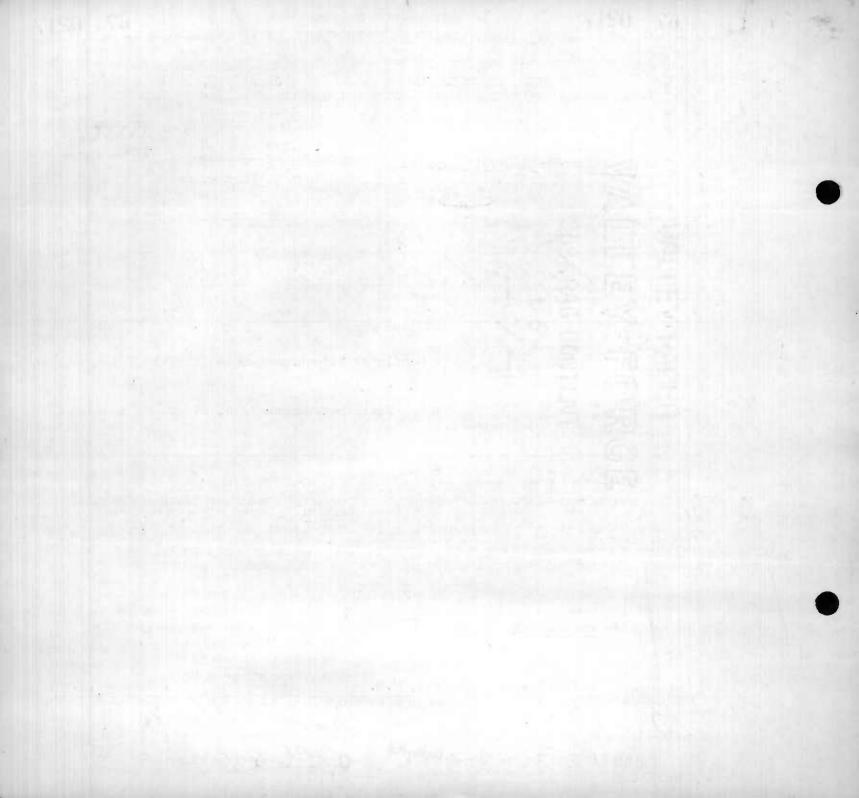
My Cover Day Core Day	, , , ,	DE OF DECEASED PLATE TRADE	2. DATE AN	HOUR OF DEATH	1110
THE NAME OF MINISTUTION  MOSPITAL OF CONTROL INTERPRETATION OF STATE OF TOWN OF THE MOSPITAL OF STATE OF TH	3. I	PLACE OF DEATH IN BALTIMORE, MARYLAND			titution: residence before admiss
S. SET   S. PACE   MARRIED, NEVER MARRIED   S. PASS PEPTITUS   P. ACE (IT PER SIGNED OF STREET)   S. SET   S. PASS   S. PASS   S. PASS   S. SET   S. PASS   S		FULL NAME OF (II not in hospital or institution, give street	N.Y.		
D. STREET ADDRESS   C. NaCE   C. N		NSTITUTION	1 1	Λ ().	JRAL and give tawnship)
S. SEE   G. RACE   7. MARRIED, NEVER MARRIED   S. PAR SEPAN[19] 9   ACE fin years   Total Under 1 ft.   Under 1	-	University Nospital	7	rural give (acation)	4
10. USUAL OCCUPATION   Give kind of wall   10. KIND OF BUSINESS OF INDUSTRY   1. BERTHPLACE (Side or loreign country)   12. CITIZEN OF WHAT CONTRY   1. SERTHPLACE (Side or loreign country)   12. CITIZEN OF WHAT CONTRY   13. FATHEES NAME   14. MOTHETS MAIDEN NAME   14. MOTHETS MAIDEN NAME   13. MOTHETS MAIDEN NAME   13. MOTHETS MAIDEN NAME   14. MOTHETS MAIDEN NAME   14. MOTHETS MAIDEN NAME   15. WORS Deceased Eve in U. S. Armod Forces?   10. SOCIAL   17. INDOMENANT   17. INDOMENANT   18. MOTHETS MAIDEN NAME   18. MOTHETS MOTHET NAME   18. MOTHETS MAIDEN NA	_	2 8		2568 14	^ ST.
New York		M Single Single	XXXXXXXXXXX	47 XXX	If Under 1 Yr. If Under 24 Manths Days Hours Mir
13. FATHERS NAME   14. MOTHERS MAIDEN NAME   15. WOST Decessed Ever in U. S. Amed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   18. J.				ign country)	
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL OTS-OF UNIXON OF	12	CHAUTTER			4.1.
18.					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode ad dying, e.g., heard foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoling the UNDERLYING CONDITION (C)  UNDERLYING CONDITION (A)  OF THE DEATH CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT  19-A. DATE OF OPERATION  WAS PERFORMED  21. PLACE OF INJURY (e.g., in or about 21.C. WHERE DID  WAS PERFORMED  21. TIME (Meanth (Dey) (Year) (Hour) 21.E. INJURY OCCURRED  OF DEATH (Incity) medical examined  21.D. TIME (Meanth (Dey) (Year) (Hour) 21.E. INJURY OCCURRED  OF DEATH (Indity) medical examined  22. I certify that (A) (this hospital) attended the deceased fram  and hour and from the causes stated above. (I) (W) (did) (did) (did) (did) (frame) (from the causes) (frame) (from the causes) (frame) (f	15.1 (Yes				
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21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact lacation) on contributing Cause of DEATH (notify medical examinet)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  While At Not White Work  22. I certify that (I) two) last saw the deceased alive an 19 and that in(my) apinian death accurred an that (I) two) last saw the deceased alive an 19 and that in(my) apinian death accurred an that (I) two) last saw the deceased alive an 23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  ALMAN A. D. Attending Med. Stoff Director Phys.  23D. ADDRESS  M.D. Attending Med. Stoff Director Phys.  23D. ADDRESS  M.D. Attending Med. Stoff Director Phys.  23D. ADDRESS  M.D. Attending Med. Stoff Director Phys.  23D. ADDRESS  NAME (Type)  ALMAN A. D. Attending Med. Director Phys.  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24B. DATE 10xhing Cemetery  Flushing, New York	IFIC		20 A. AUTOPSY? (Yes ar No	1) 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF both control of the contro	ERT	21A ACCIDENT WAS INDEDIVING TO 21B BLACE OF INJURY	100		
21D. TIME OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended the deceased fram 19 (2) ta 19 that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		OR CONTRIBUTING CAUSE OF home, form, foctory, street	office bldg., INJURY OCCUR?	lit in boltimare	City, give exact lacation)
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that (I) the last saw the deceased alive an		(APPROX.) Work At W	ork		1
and have and from the causes stated abave. (I) (ND) (did) (HD) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  Attending Med. Director Phys.  23C. PHYSICIAN'S ALMAN S. Agus M.D.  23D. ADDRESS NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify)  Burial  Burial  City. Iown, or county)  City. Iown, or county)  City. Iown, or county)		100			1/7 19 6
23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)  24D. LOCATION  (City, lown, or county)  24A. BURIAL CREMATION, PARCELET PROPERTY OF CREMATORY  BURIAL  24D. LOCATION  (City, lown, or county)  (City, lown, or county)		that (1) trace) last saw the deceased alive an	19and th	at in(my) (🗪) apin	ian death accurred an the
Zolman S. Ogus M.D. Attending Med. Director Phys. 1/7/17  23C. PHYSICIAN'S NAME (Type) ZALMAN S. Agus M.D. 23D. ADDRESS NAME (Type) ZALMAN S. Agus M.D. 23D. ADDRESS  M.D. 23D. ADDRESS University Hospital  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify)  Burial Jan. 11,67 Flushing Cemetery Flushing, New York			) view the bady after death.		
23D. ADDRESS NAME (Type)  ZALMAN S. Agus  M.D. University  Hospital  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  Burial  Burial  Jan. 11,67  Flushing Cemetery  Flushing, New York			A.u 15		23 B. DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Plushing, New York  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Flushing, New York				Phys.	1/7/4
Burial Jan.11,67 Flushing Cemetery Flushing, New York			( 1	ksity +	POSPITAL
Burial Jan.11,67 Flushing Cemetery Flushing, New York	24A	REMOVAL (Specify)			
			rv Flu	shing, New Y	ork
		JAN 10 1967 P. C. F. E. Galler	25C, FUNERAL DIRECTOR		

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W-416	67 0217  BIRTH NO. BALTIMORE CITY HEA  MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 0217					
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  DENIZO ** LIGHTORD	2. DATE AND HOUR PRONOUNCED DEAD					
	RENZO WOLFORD  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 5, 1967 11:38  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmi					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore					
	South Baltimore General Hospital	D. STREET ADDRESS (If rurol, give location)  1036 E. Fort Avenue					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Male White	8. DATE OF BIRTH  9. AGE (In years lost birthday)  11 - 8 - 0 > 64					
Barrier III	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during prost of working life, even if retired)	Virginia WHAT COUNTRY?					
	Open Chy	LOWA & MOINES					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)  SECURITY NO.	17. INFORMANT  ADDRESS  HAMELI - SHIE					
	DISEASE OR CONDITION DIRECTLY	uent bronchopneumonia (right)					
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	atty metamorphosis of liver					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	✓ 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?					
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?					
	22.	ond that on this basis, death in my opinion					
	ACTUAL Charle S. S. S. A.	CHIEF MEDICAL EXAMINER DATE SIGNED					
	EXAMINER'S NAME (Type)  Charles S. Springate, M.  23A. BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY	D. January 6, 1967 or CREMATORY 23D. LOCATION (City, town, or county) (Stote)					
	REMOVAL (Specify)  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAL	24C. FUNERAL DIRECTOR ADDRESS					
	JAN 10 1967 Robert E. Jackey	0 600 Cesy-130 & FORI CS					



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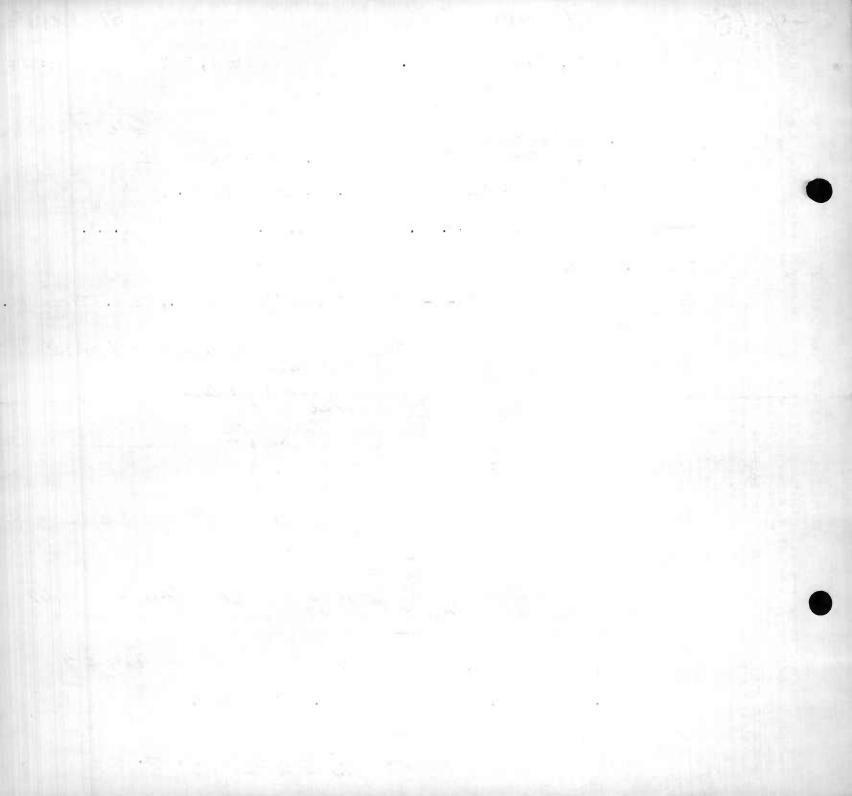
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BEN 7th PARKEDS

MALE White MARRERO ISHOPS THE

DE MILEN MELLEN - SAME BETWEEN

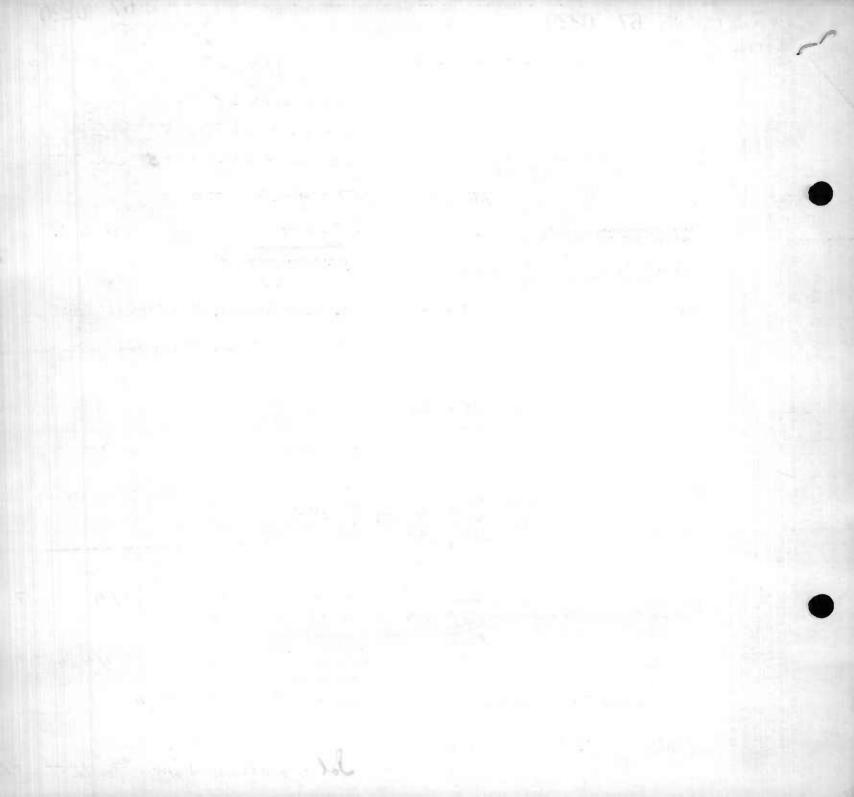
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BIRTH NO. M.E. CASE NO		0219	CERTIFIC	ATE OF DEA				Ww. to
I, NAME OF				2.	DATE ANI	D HOUR OF DEATH		
(Type or Print)	Colwell R	ichard (	rafton Sr		.T. 000.21	aky 8, 1967	7 1	5-1.
Colwell, Richard Grafton Sr.				4. USUAL RESIDE	NCE (Where	e deceased lived. If i	nstitution: Jesid	ence before admis
		A. STATE	B. COUNT	TY	iisiiioiioii. iesioi	ence belote burns.		
FULL NAM	E OF (If not in hospito	Maryland	d.					
HOSPITAL	OR oddress or locati		•	C. CITY OR TOWN	N (If outs	side city limits, write	RURAL_ond gi	ve township
INSTITUTION				Baltimor	re		26	-10
00	443 N. Bouldin	Street		D. STREET ADDRES		urol, give location)		
1 1 1	Baltimore, Mar		21224			n Street	401.	
				11 11 12			#24	
5. SEX	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	11.	ost birthdoy)	If Under 1 Months Do	Yi. If Under 24
male	white	marr:		Oct. 19, 3	1906	60 yrs.		
OA, USUAL O	CCUPATION (Give kind of wo	rk 108, KIND O	F BUSINESS OR INDUST				12. CITIZEN	OF
	of working life, even if retired)					,		COUNTRY?
Forema	n	Gas &	Elec. Co.	Baltimore	, Md.		U.S	.A.
3. FATHER'S	IAME			14. MOTHERS MA		A E		
The s				24				
	d C. Colwell			Mary Matt	thews			
5. Wos Deceo	sed Ever in U. S. Armed Fo	oices?	1 6. SOCIAL	17. INFORMANT			A	DDRESS # 5
	Miles, Aire Mot of Go	ica di service)	212-05-5703	1.7 d mahath	h Rinn	entre deht	601. M	Filtrood
no					II T. TIIII	erty, dght.,		
18.	2. /		CAUSE	OF DEATH				ERVAL BETWEEN
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	LEADING TO DEATH	4	in B	melias On	110 0	10 Mar march	. 8	mass.
(This doe	s not mean the mode o	of dying, e.g.	DUE TO	9 2 10	Cavo	a sansansa reggi	S	2.1.2.3.3.3.3.
board fail.	re, osthenio, etc. Il meon	- AL - P'						
				y left le	ing			
	complication which couse			of left le	ing	0.0.		
		d deoth.)		of left le	eng art	lacture,	To the state of th	
injury or	ANTECEDENT CAUSE	ed deoth,)	(B)	f left le cute Res engina	art j	larlure,	g and the state of	•••••
DISEASES	complication which couse	ed deoth.) S ony, giving	(B) CL	f left le cute he engina	art j	lailure,		
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DISEASES	ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) ING CONDITION lost.	ed deoth.) S ony, giving	(B) (C)	f left ll engena	art j	lailure,		
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IMPORTAN

FUNERAL DIRECTOR:

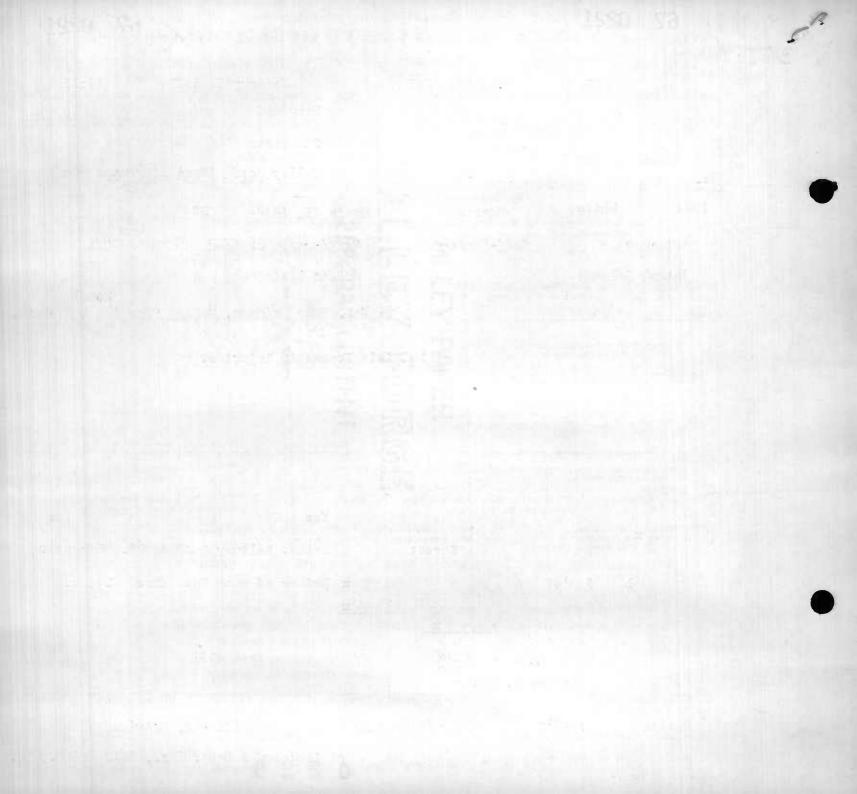
BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV. 1/1/65

## 67 0221 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 0221

BIRTH NO.	MED	CALL	AMIIIAEK 2 C	EKTITICAT	LOID	EATH	red No	
M.E. CASE NO.						/ \		
1. NAME OF DEC						HOUR PRONOUNC	ED DEAD	
	NELSON		rard SEIDMAN	Ŋ	Janua	ry 5, 1967		11:35 A M.
3. PLACE IN BALT FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAD ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Ma	ryland	leceosed lived. If inst B. COL carparate limits, write	- 1	dence before admission)  dence before admission)  dence before admission)  dence before admission)
/				St	evenson			53-00
4 Sina	i Hospital	D. STREET ADDRESS (If rural, give locotion)  Valley Road (Near Stevenson Road)						
5. sex Male	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	1	9. AGE (In years last birthday)	If Unde Months	Days Hours Min.
	White		ried	March 25	1934	32	10 CITI	TN OF
	warking life, even if retired)	IUS. KIND O	F BUSINESS OR INDUSTRY	III. BIRIMPLACE	Stote or loreign	country)	12. CITIZ	AT COUNTRY?
Attorn 13. FATHER'S NAM		Self-	Employed	Baltimo	ALDEN NAME	yland		USA
Tasanh	Seidman			Mallio	Floisch	o #		
15. WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	Mollie 17. INFORMANT	1200000	C L	ADDRES	
4.4	(If yes, give war or dote	s of service)	SECURITY NO.				- 1	Road)
NO			UNKNOWN	OF DEATH	a Seidmo	an Valley	Koad	INEAT STEVENS
DISEASES RISE TO TH UN DERLYII	ANTECEPENT · CAUSE OR CONDITIONS, IF A' IN CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTI	(B)(C)					
DISEASE O	R CONDITION CAUSING	FIT.						
	F OPERATION 198, CON WAS PER		WHICH OPERATION	Yes		N CERTIFYING CAU		
21A. EXTERNA UNDERLYING UTING CAU	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B, ham etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, street,	office bldg., INJURY Bal	to. Beli	tway & Jopp		
OF INJURY (APPROX.)	(Manth) (Day) (Yea 1 5 67	Δ	WHILE AT NOT AT W	WHILE Dri	ver of	auto into f	ixed	object.
	VER'S Charle		Accident X Suicid	Homici-	de U EDICAL EXA	AMINER X		DATE SIGNED 1/5/67
23A. BURIAL CRE REMOVAL (Specif	y)		C. NAME OF CEMETERY				, town, or	county) (State)
Burial 24A. DATE REC'D	1/6/6	7	debrew Friends OF REGISTRAR	Ship	BI DIRECTOR	altimore, M	aryla	nd Appress
ZWA. DATE REC D	LENI 4 O 4007	ZND, INAME	L. C. Tana			Bros. Inc	. 60	10 Reist. R



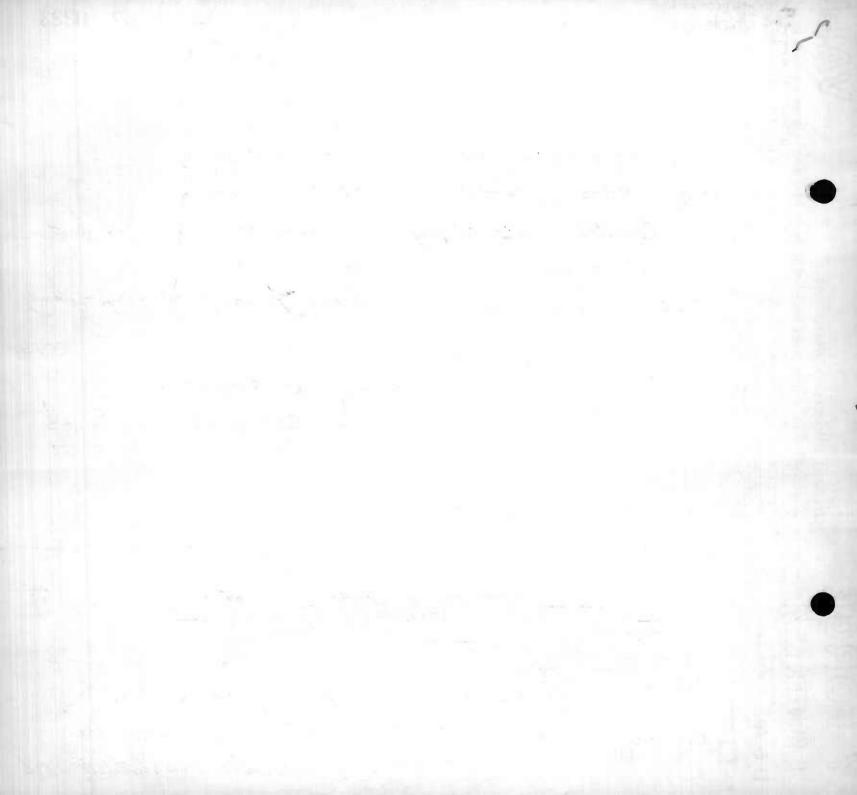
10	11	OM	0000		BALTIMORE CITY	HEALTH DEPARTMENT		CM	0000
BIA	TH NO.	67	0222		CERTIFICA	TE OF DEATH	Registered Na.	0/	UCCC
1. N (Ty	Pe or Print	ECEASED	Esth	er Me	iller	Clare	WANG J. J-9	1967	6P.M.
C	FULL NAME HOSPITAL O	IFIC R	f not in hospital ddress or locatio	AMER or institution, give	NDED Vale	Battern	ere decorted lived. If in NTY  utside city limits, write lived in the		
	10		0		une	3411 84	ourgda	le are	e
7	emal	e M	hite	niva	PORCED (specify)	B. DATE OF BIRTH	9. AGE (1) years last of the ay)	Months Doys H	f Under 24 Hrs. ours Min.
don			fe even if relired)	at Ho	aness or industry	11. BIRTHPLACE (Stole or for	eign country)	12, CITIZEN OF	TRY?
13.	JASIPI	AME V	STATE OF THE STATE	ardskin	Luberty	14. MOTHER'S MAIDEN NA	AME		
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MEDIC	21D. TIME OF INJURY (APPROX.)	(Month)	(Doy) (Yeor)	(Hour) 21E, IN. While A	Not While	21F. HOW DID IN	JURY OCCUR?		
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25/	LUNIAL C REMOVAL LUNIAL DATE REC	(Specify)	Jan 6/2	258, NAME OF R	h El Me	MATOR COLL 24DY MOVICE 10 25C, FUNERAL DIRECTO	andallite	y, town, or county!	(Stotel
1	JA.	M T O .	1967 R.C	E. J. C.	Ween of	L'AMANIA "	10000 6	010/10	er ka

M.H.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 1/5/67 9:40 A M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Maryland (If outside city limits, write RURAL and give township) C. CITY OR TOWN Silver Spring 8820 Glenville Road The Johns Hopkins Hospital 7. MARRIED, NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH If Under 1 Yr. II Under 24 Hrs. WIDOWED, DIVORCED (specily) lost birthdoy Months Doys 2/23/02 64 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Matilde Wehli 6. SOCIAL SECURITY NO. CAUSE OF DEATH ONSET AND DEATH 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While At Work June 22. I certify that (I) (this hospital) attended the deceased from and that In (my) (our) opinion death occurred on the date and hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter deoth. 23 B. DATE SIGNED Attending Med. Director Phys. 23D, ADDRESS

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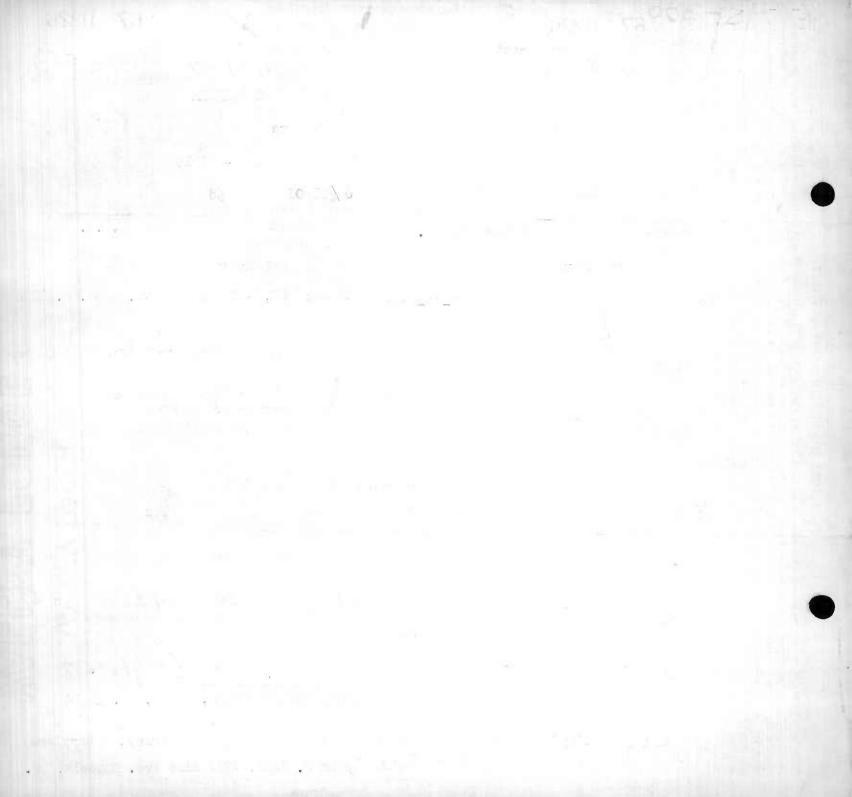
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	TERN AVENUE		D. STREET ADDRESS (If	rurol, give location)		3 - 03
BALT IMORE	E MARYLANI	21224	38 WILLOW ROA	D - 21219		
SEX 6. RACE		D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Months Do	Yi. , If Under 24
MALE WHITE	WIDOW	RRIED (specify)	6/11/08	10st birthdovi	Months: Do	ys Hours Mir
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3. FATHER'S NAME	Neibo	II DOX CO.	14. MOTHER'S MAIDEN NA	ME		
Not Know	DO:	DECEASED			DECE	CASED
				Known		
5. Was Deceased Ever in U. S. Ar Yes, no or unknown! (If yes, give wo	med forces! r or dotes of service!	16. SOCIAL SECURITY NO. 403-03-1083	RECORDS: BCH, 4	940 Eastern		to.Md.212
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(This does not mean the mean foilure, osthenio, etc. It injury or complication which ANTECEDENT CONDITION rise to the obove cause UNDERLYING CONDITION IN TO THE OF OPERATION TO THE DEATH BUT NO DISEASE OR CONDITION CAUSE DEATH (notify medical examine OF (Month) (Doy)  21.A. ACCIDENT WAS UNDER OF CONTRIBUTING CAUSE DEATH (notify medical examine OF (Month) (Doy)  22. I certify that (I) (this has that (I) (we) lost sow the dand hour and from the cause 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  CARL  24A. BURIAL CREMATION, 24B. C	mode of dying, e.s. means the diseas caused deoth.)  CAUSES  IS, if any, giving the (A) stating the last.  TONS CONTRIBUTION FOR AS PERFORMED  LYING [	GREEN CONTROL OF THE PREWMEN ON THE PREWMEN ON THE PLACE OF INJURY (e.g., ome, form, foctory, street, c.c.)  IE INJURY OCCURRED Not Who hat Work At Work  The deceased fram	Cardio voscular  Quricular  Periton:  20A. AUTOPSY? (Yes or No. YES)  in or obout 21C. WHERE DID office bldg INJURY OCCUR?  21F. HOW DID INJuly Occur?  22F. How DID INJuly Occur?  23D. ADDRESS BALT INJuly Occur.  23D. ADDRESS BALT INJuly Occur.  24D. L	or disease fibrilled 1  Les disease fibrilled	E FINDINGS CO AUSES OF DEA Yes ore City, give es 1238. DATE S DPITALS to, Md. City, town, or co	insidered in the secured on the secured on the secured and the secured on the sec



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BALTIMORE CITY HEALTH DEPARTMENT

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and street a CCL (Ambrilla model)

## MEDICAL EVALUNED'S CEDTIFICATE OF DEATHS

NAME OF DECE	ASED				2 DATE AND	HOUR PRONOUNG	CED DEAD
Type or Print)		KINLEY	DORSEY		Janua	ary 6, 1967	12:15 P. N
PLACE IN BALTIA	MORE, MARYLAND, WI	HERE PRONO	UNCED DEAD	IIA. STATE	ence (Where	deceased lived. If in 8. CO	stitution: residence before admissia
ULL NAME OF HOSPITAL OR NISTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOV			te RURAL and give tawnship)
0 0 2606	6 Lauretta A	venue		D. STREET ADDI		give location) cetta Avenu	le.
	. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years last birthday)	
	Negro 'ATION (Give kind of work irking lile, even if retired)	108, кий б	FEUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
John I				14. MOTHER'S M	AIDEN NAMI		
5. WAS DECEASED	EVER IN U.S. ARMED If yes, give war ar date:		16. SO CIAL SECURITY NO. 218-26-4337	Goldy 17. INFORMANT Mrs Agr	nes Do	rsey (Wife)	ADDRESS
AN	t mean the made of sthenia, etc. It means olication which caused of the technique of the te	de ath.)	DUE TO		-		
UNDERLYING	R CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST,	CONTRIBUTI	(C)				
OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF C	ABOVE CAUSE (A) ST G CONDITION LAST,	CONTRIBUTILATED TO 15 IT.	OUE TO (C)		? (Yes ar Na)	208. IF YES, WERE F	INDINGS CONSIDERED
OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF C	ABOVE CAUSE (A) ST G CONDITION LAST,  II  FICANT CONDITIONS (I)  EATH BUT NOT REL  CONDITION CAUSING  OPERATION 119B. CON  WAS PERF  CAUSE WAS  OR CONTRIB-	CONTRIBUTI LATED TO 1 G IT. IDITION FOR FORMED	OUE TO (C)	No	HERE DID	IN CERTIFYING CAL	JSES OF DEATH?
OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF C UNDERLYING UNDERLYING UNDERLYING UTO THE D DISEASE OR 19A. DATE OF C UNDERLYING UTO THE D DISEASE OR 19A. DATE OF C	ABOVE CAUSE (A) ST G CONDITION LAST,  II  FICANT CONDITIONS (I)  EATH BUT NOT REL  CONDITION CAUSING  OPERATION 119B. CON  WAS PERF  CAUSE WAS  OR CONTRIB-	CONTRIBUTI LATED TO 16 6 IT. IDITION FOR FORMED 218. hameetc.)	OUE TO  (C)	NO n at about 21C, W ffice bldg, INJURY	HERE DID	IN CERTIFYING CAL	JSES OF DEATH?
OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF C UNDERLYING UNDERLYING UNDERLYING UNDERLYING UTHE D OTHER SIGNII TO THE D OISEASE OR 19A. DATE OF C UTHER UNDERLYING UTHER OF INJURY (APPROX.)  1 certif	ABOVE CAUSE (A) ST G CONDITION LAST,  II  FICANT CONDITIONS (A)  EATH BUT NOT REL  CONDITION CAUSING  DPERATION 19B. CONI WAS PERF  CAUSE WAS  DR CONTRIB-  OF DEATH.	CONTRIBUTIL LATED TO 1 GIT.  DITION FOR FORMED  218, hametc.) (Haur)  m, was a second of the control of the con	DUE TO  (C)	NO n ar about 21C, W ffice bldg., INJURY  21F, HC  WHILE OPSY Homici	OCCUR?  OCCUR?	IN CERTIFYING CAU If in Baltimare City, g  RY OCCUR?  s bosis, deoth In Indetermined month	give exact lacation)  my oplnion
OTHER SIGNITO THE DISEASE OR 19A. DATE OF CONTROL OF SIGNITO THE DISEASE OR 19A. DATE OF CONTROL OF SIGNITOR (APPROX.)  21. I certification of Control of Signitor (APPROX.)  22. I certification of Control of Signitor (APPROX.)	ABOVE CAUSE (A) ST CONDITION LAST.  II  FICANT CONDITIONS (A)  EATH BUT NOT REL  CONDITION CAUSING  OPERATION 19B. CONN  WAS PERF  CAUSE WAS  OR CONTRIB-  OF DEATH.  If the I held on Ir  and from: Natural countries  RE  CRESS CAUSE (A)  IVERTIFY TO THE CONTRIB-  TO THE CONTRIB	CONTRIBUTIL LATED TO 1 S IT.  DITION FOR FORMED  218. hameetc.)  (Haur)  uses X	DUE TO  (C)	NO n ar abaut 21C, W ffice bldg, INJURY  21F, HG  OPSY	HERE DID OCCUR?  DW DID INJU  I that on thi  de	IN CERTIFYING CAU If in Baltimare City, g  RY OCCUR?  s bosis, death In Indetermined monr  AMINER AMINER	my opinion  DATE SIGNED
OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF C UNDERLYING  27A. EXTERNAL UNDERLYING COF INJURY (APPROX.)  22. I certif resulte  ACTUAL SIGNATUI EXAMINE NAME (Ty	ABOVE CAUSE (A) ST CONDITION LAST.  II  FICANT CONDITIONS (A)  IEATH BUT NOT REL  CONDITION CAUSING  OPERATION 198. CON  WAS PERF  CAUSE WAS  OR CONTRIB-  OF DEATH.  (Manth) (Day) (Year)  Or that I held on Ir  or ded from: Natural cou-  or cause was  OF DEATH.	CONTRIBUTILATED TO 16 IT.    Color   C	DUE TO  (C)	NO n ar about 21C. W ffice bldg, INJURY  21F. HC  WHILE OPSY and CHIEF MI  ASSISTANT MI  ASSOCIATE M	HERE DID OCCUR?  The thot on this de LEDICAL EXEDICAL EXE	IN CERTIFYING CAU  If in Baltimare City, g  RY OCCUR?  s bosis, death In Indetermined mont AMINER  AMINER  AMINER	my opinion  DATE SIGNED  January 6, 1967
OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF C UNDERLYING CONTROL OF CONTROL	ABOVE CAUSE (A) ST CONDITION LAST.  II  FICANT CONDITIONS (A)  IEATH BUT NOT REL  CONDITION CAUSING  OPERATION 198. CON  WAS PERF  CAUSE WAS  OR CONTRIB-  OF DEATH.  (Manth) (Day) (Year)  Or that I held on Ir  or ded from: Natural cou-  or cause was  OF DEATH.	CONTRIBUTILATED TO 16 IT.    Color   C	NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., in, farm, factory, street, or the property of	NO n ar about 21C. W ffice bldg, INJURY  21F. HC  WHILE OPSY and CHIEF MI  ASSISTANT MI  ASSOCIATE M	HERE DID OCCUR?  The thot on this de LEDICAL EXEDICAL EXE	IN CERTIFYING CAU  If in Baltimare City, g  RY OCCUR?  s bosis, deoth In  Indetermined mont  AMINER   AMINER   AMINER   CAMINER	my opinion  DATE SIGNED  January 6, 1967  y, tawn, or county) (State)

V6.EoD SLG-25-A337 New Agence Dorsey (Bitte) IMPORTANI

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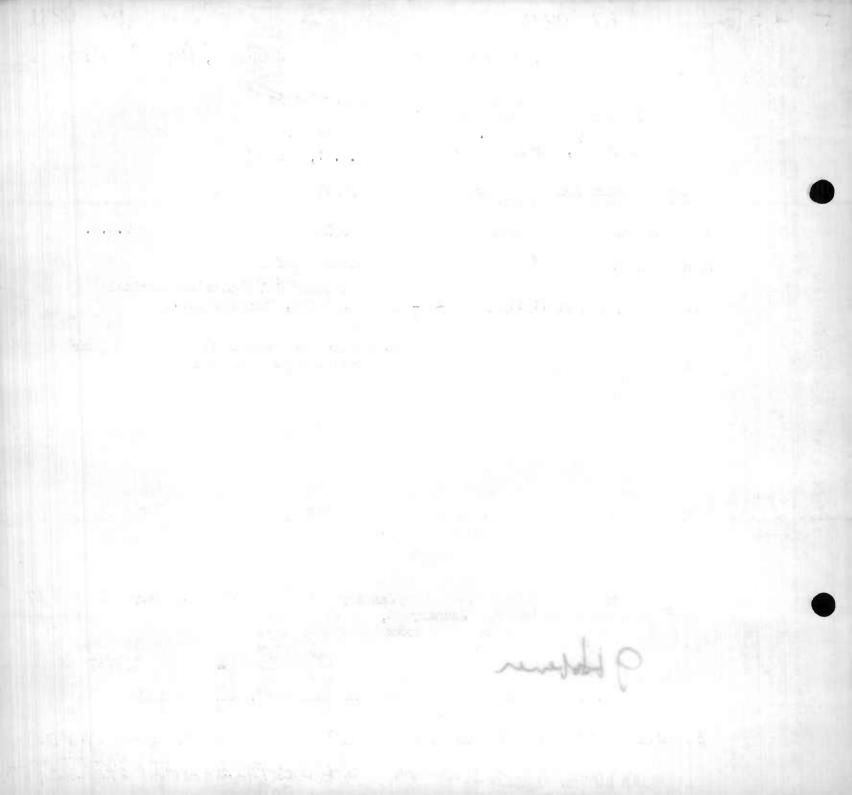
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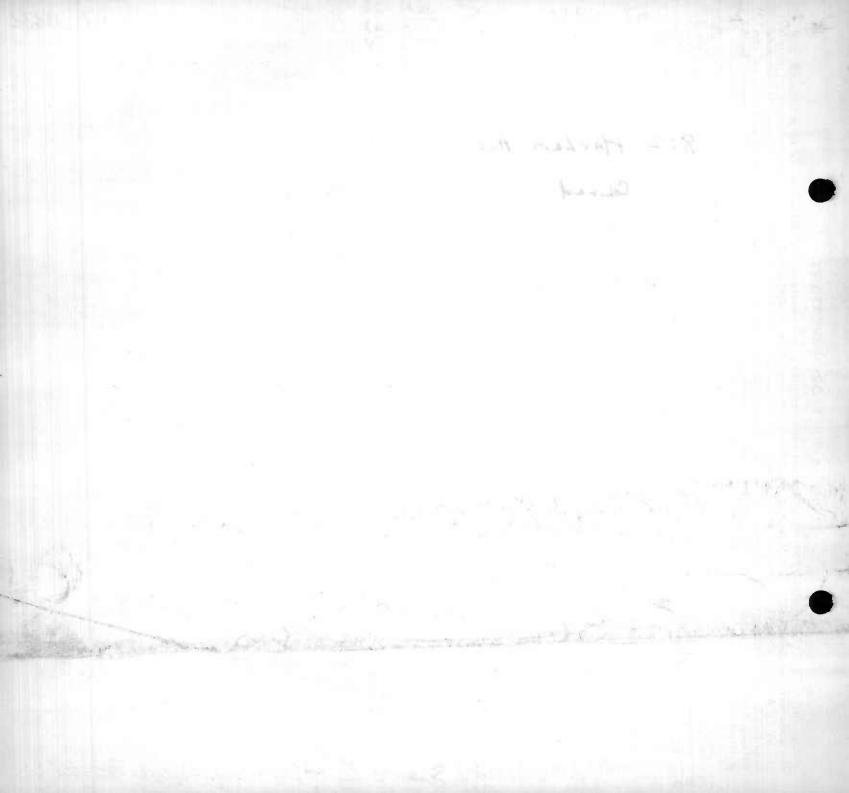
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Registered Na CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 2. CITIZEN OF WHAT COUNTRY? U.S.A. Veterans Administration Hospital INTERVAL BETWEEN ONSET AND DEATH l year 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 22. I certify that ( this haspital) attended the deceased from January 4 19 67 to January that (F(we) last saw the deceased alive an Jannary 8, 1967, and that in (Ny) (our) apinian death accurred an the date 23B, DATE SIGNED 1/9/67 VAH BALTIMORE, MARYLAND 21218 (City, town, or county)

BALTIMORE CITY HEALTH DEPARTMENT

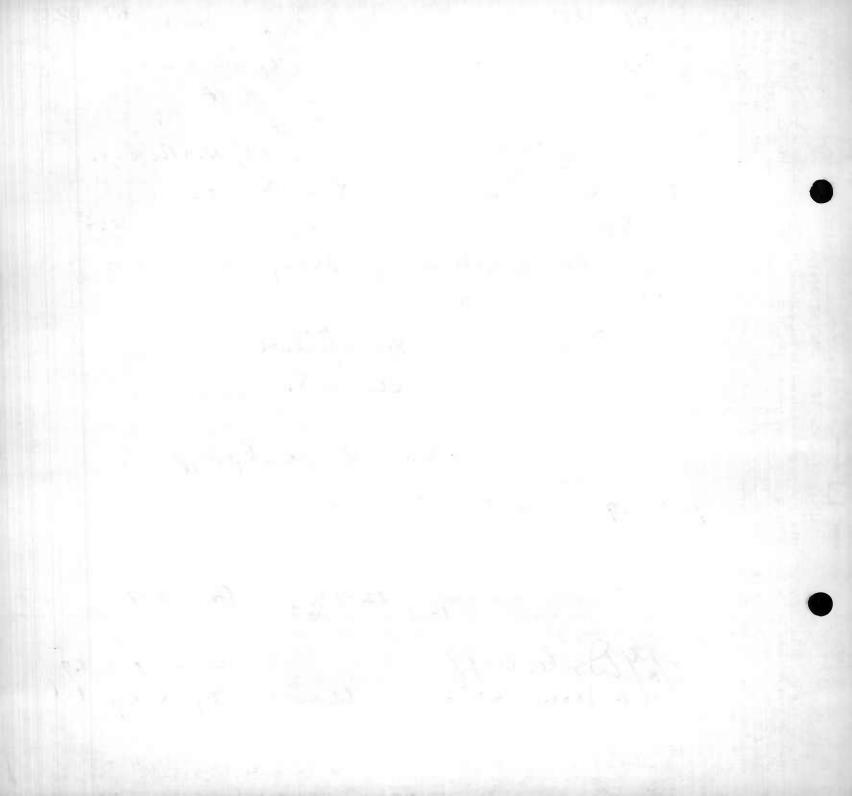


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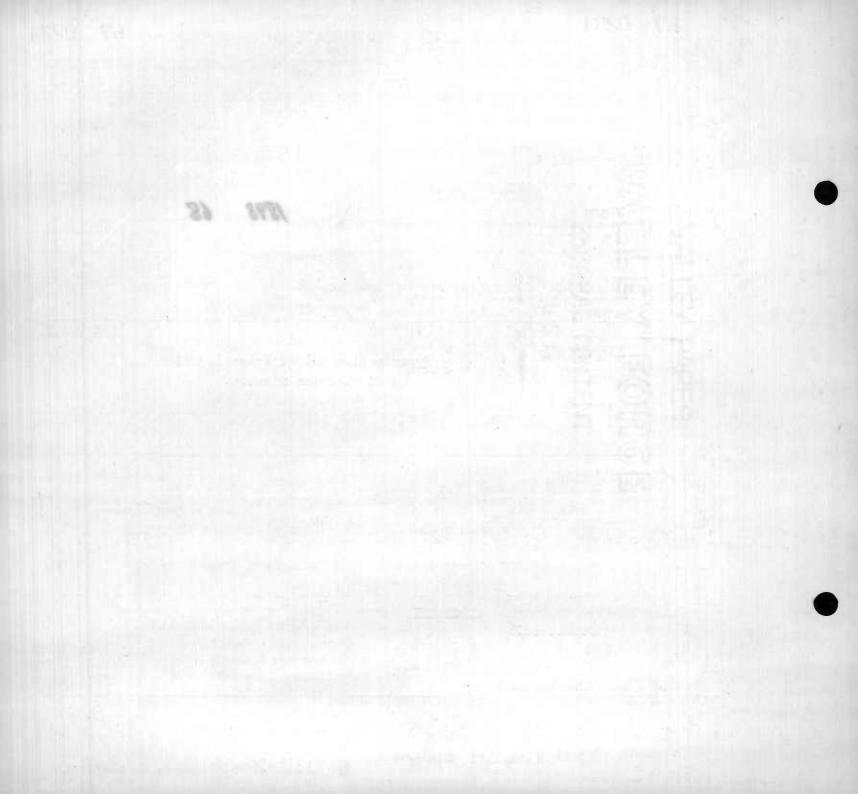
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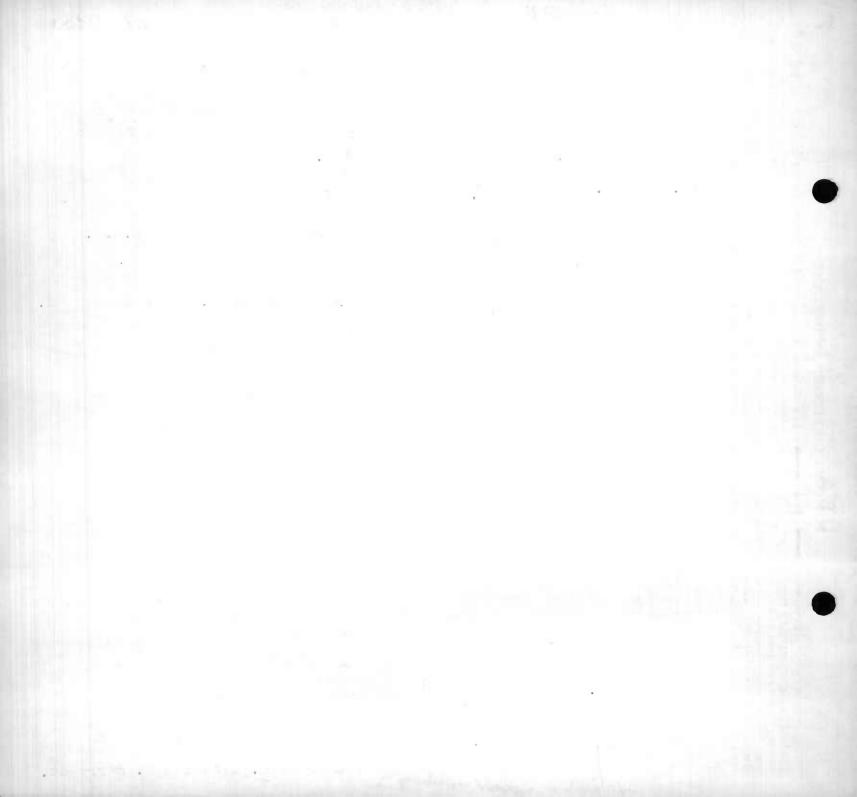
FUNERAL DIRECTOR:



## BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. M.E. CASE NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0234

M.	E CASE NO.							
1. (Ty	NAME OF DEC					2. DATE AND HOUR PRONOU		
	MAUG	F MADALINE		CONLEY	Z	January 5, 196	67   12:20 A	A M.
3. 1	PLACE IN MAKE	TIMORE MARYLAND, V	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where deceased lived, If	institution: residence before adm	ission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	ITION, GIVE STREET	Mai	ryland		
HC	SPITAL OR	ADDRESS OR LOC		THOM, OFFE STREET	C. CITY OR TOV	NN (If outside carparate limits,	write KURAL and give township)	-100
					Ba	ltimore	X-UL	
	3/1	Mercy Hospita	1		D. STREET ADDI	RESS (If rural, give location)	0	
					103	18 Bennett Place		
5. 5	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTI		ors   If Under 1 Yr. If Under 2	24 Hrs.
F	emale	Negro	WIDOWED, I	DIVORCED (specify)	march	1000 lost birthday	Months, Doys Haurs	Min.
		UPATION (Give kind of wor	KIOB KIND OF	BUSINESS OR INDUSTR	NY O. BIRTHPLACE	(State ar fareign country)	12. CITIZEN OF	
		working life, even if retired)				,	WHAT COUNTRY?	
13	FATHER'S NAM	Nowswy.	4		14. MOTHER'S M	AIDEN NAME	MART	
		10	Do -		14. MOTIFICATION	10 1		
3.0	yer	Tre 1000	Kus		nau	us were		
(Ye	, na ar univown	D EVER IN U.S. ARMEI	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		no			Durant	ei- Conless	Jones-	
	18.	12 V		CAUS	E OF DEATH	00.	INTERVAL BETV	VEEN
	Discas	TO COMPITION D	DE CONTRACTOR				ONSET AND D	EATH
	DISEA	SE OR CONDITION D LEADING TO DEATH	HECILI	Uzmoni	concisso one	i Arterioselereti		
	(This daes n	not meon the made of asthenia, etc. It means	dying, e.g.,	NHKKK	engrice du	i Arterioscleroti		
	injury or cor	mplication which caused	deoth.)	Car	cdiovascula	ar Disease.		
		NTECEDENT · CAUSE	5					
		OR CONDITIONS, IF		(B)	0 000 0 000 00 00 000 000 00 00 mm m m ev-c 00 mm m ev-c 00 mm ev-c 00	Parantes		
	RISE TO TH	E ABOVE CAUSE (A) S	TATING THE	501.10				
z	CIVELLI	TO CONDITION LASI,		(C)				
5		11						
S		NIFICANT CONDITIONS						
Ě		DEATH BUT NOT RE		HE		0.0.00.00.000.00000.0000		
CERTIFICATION	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERI		
	0	WAS PER	RFORMED		No	IN CERTIFYING C	AUSES OF DEATH?	
MEDICAL	21A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar about 21 C. W	HERE DID (If in Boltimare City	, give exact lacation)	
음	UTING CAU	OR CONTRIB-	etc.)	form, factory, street,	office bidg., INJURY	OCCUR?		
ME	21D TIME	(M41) (D) (V	A (H) 12	E. INJURY OCCURRED	215 HG	OW DID INJURY OCCUR?		
	OF INJURY	(Manth) (Day) (Yea				OW DID INJURI OCCUR!		
	(APPROX.)		m. W	ORK NOT	WHILE			
	22.	tify that I held an	Inquiry 🗌	Inspection X Au	utapsy one	that on this basis, death i	in my opinion	
	resui	ted fram: Notural ca	uses A	ccident Suici	_		onner	
	ACTUAL	(F) (	. ,	//-		EDICAL EXAMINER .	DATE SIGN	ED
	SIGNAT		ulu	/ celly M.	ASSISTANT MI	EDICAL EXAMINER		
	EXAMIN	. (15 1 -	a C Do		ASSOCIATE M	EDICAL EXAMINER	1/5/67	
	NAME (	7 6 7	s S. Pe					
	BURIAL CREATION OF A COURT OF A C		230	NAME OF CEMETERY	or CREMATORY	23D. LOCATION (	City, tawn, ar county) (Sta	ite)
	Burne	1-9-	64	Rew Coth	will Cost	Butto	mel	
24/	DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS	
	6	JAN 10 1967	A 0- 6-	E. Farbura	01	6111		-1
			meral.	C. Yoursen	1 Olax	yll Wilson 10	no Branleys	w
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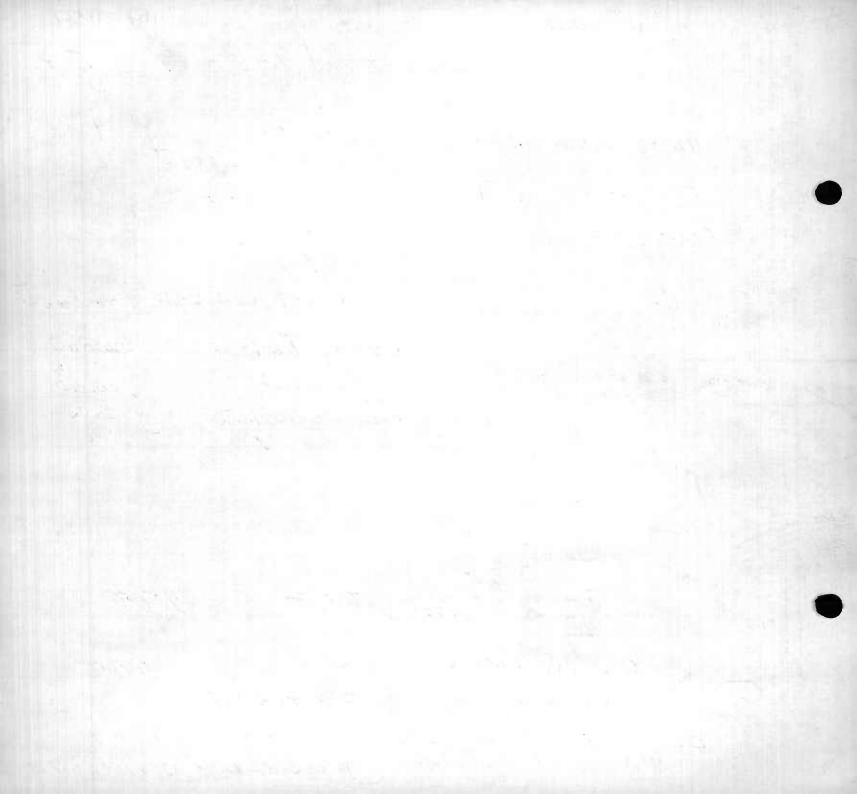
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BIRTH NO. 67 0237			
	CERTIFICA	ATE OF DEATH Registers	d No. OF UCO!
M.E. CASE NO.		/2. DATE AND HOUR OF	DEATH
Type or Print) E   2 P A/	CF RobINSON I	BRUN 5 0 N / - 5 -	67 5 D
B. PLACE OF DEATH IN BALTIMORE MAR	WLAND	4. USUAL RESIDENCE (Where deceased liv	ed. If institution: residence before admis
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location)	r institution, give street	Md	
INSTITUTION		C. CITY OR TOWN (If outside city limits	, write RURAL and give jownship)
TUNION MEM.	HASD.	BAL10.	8-04
UNION MEIN	1100	D. STREET ADDRESS (If rurol, give laco	(tion)
		2251 F Treslow	ر الا
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED! DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yet lost birthday)	Months: Days Hours: M
6.	WIJOW	64	
OA, USUAL OCCUPATION (Give kind of work)	108. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)		5.6-	WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
7		7	
		•	
5. Was Deceased Ever in U. S. Armed Forc Yes, no ar unknown) (If yes, give war or dates		17. INFORMANT	ADDRESS
No		MARGARET BELL E	ANE 111411. Edan
18. / / 2 2 / 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE			ONSET AND DEATH
LEADING TO DEATH		overoy Themoses	Muschelle
(This does not mean the mode of		· · · · · · · · · · · · · · · · · · ·	***************************************
heart failure, asthenia, etc. it means injury or complication which caused		Not	2
ANTECEDENT CAUSES	(B)	y corlement	6 pearel
	DUE TO	1	
DISEASES OR CONDITIONS, if o		Kennelow Relinition	Jear
UNDERLYING CONDITION lost.	CO, andrews a restaut		
11			
Z   CTILLE SIGNIFICATION CO			
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH OF THE DE			
	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES.	
19A. DATE OF OPERATION 19B. COND	DRAAFD	IN CENTIEVI	WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. COND	ORMED	IN CERTIFYI	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B, PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?  Boltimore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY (e.g.,	IN CERTIFYI	NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in	NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21 D. TIME (Month) (Doy) (Year) OF INJURY	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Wi	in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR?	NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED	in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR?	NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) OF INJURY	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At	in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR?	NG CAUSES OF DEATH?
ZTA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21 D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  hite 7//3/62-19 to	Baltimare City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  (APPROX.)  22. 1 certify that (1) (this hospital) that (1) (we) last saw the deceased	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At	in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  hite	Baltimare City, give exact location)
UNDESCRIPTION OF CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At	in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  hite	Baltimare City, give exact location)
27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  21D. TIME (Month) (Doy) (Year)  22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and hour and from the couses state	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At Not Will Work  ottended the deceosed from and alive an 237 61 and obove. (I) (We) (did) (did not)	in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  hite	Baltimate City, give exact location)  19  ur) opinian deoth occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and hour and from the couses state 23A. SIGNATURE	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At Not Will Work  ottended the deceosed from and alive an 237 61 and obove. (I) (We) (did) (did not)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  hite	Boltimate City, give exoct location)  19  ur) opinian deoth occurred on the
21 D. TIME (Month) (Doy) (Year)  22 D. TIME (Month) (Doy) (Year)  22 D. TIME (Month) (Doy) (Year)  22 D. TIME (Month) (Doy) (Year)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and hour and from the couses state	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At Not Will Work  Ottended the deceased fram  d alive an	in or about 21C. WHERE DID (If in office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 to 19 and that in (my) (o view the body after death.  14tending Med. Staff Phys.	Boltimore City, give exact lacation)  19  ur) opinian death occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and hour and from the couses state 23A. SIGNATURE	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At Not Will Work  ottended the deceosed from and alive an 237 61 and obove. (I) (We) (did) (did not)	in ar about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 to 19 and that in (my) (o view the body after death.  Med. Director Director Phys. Director Dire	Boltimate City, give exoct location)  19  ur) opinian deoth occurred on the
WAS PERFO  2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased ond hour and from the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  DA ALBELT  24A. BURIAL CREMATION, 124B. DATE	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At Not Will Work  Ottended the deceased fram  d alive an	IN CERTIFYI  in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  hite  7//3/62— 19 to  19 and that in (my) (o view the body after death.  thending Med. Stoff phys. Director Phys  23D. ADDRESS  822 N. Born ST	Baltimare City, give exact lacation)  19  19  19  238. DATE SIGNED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased ond hour and from the couses state 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)  DIL ALBELT L	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At  Not Will Work  at extended the deceased from and alive an  137 / 61  ad obove. (1) (We) (did) (did not)  Reference M.D. April M.D. April M.D. April M.E. M.D. April M.D. April M.D. April M.D. April M.D. April M.D. April M.D. M.D. April M.D. M.D. April M.D. April M.D. M.D. M.D. April M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	IN CERTIFYI  in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  hite  19	Baltimare City, give exact location)  15-16-19-19-19-19-19-19-19-19-19-19-19-19-19-
227. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  22. I certify that (I) (this hospital) that (I) (we) last saw the deceased ond hour and from the couses state 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At Not Will work  ottended the deceased fram ad alive an	IN CERTIFYI  In or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  hitle  21F. HOW DID INJURY OCCUR?  hitle  19	Baltimare City, give exact location)  15-16-7  19  ur) opinian death occurred on the  238. DATE SIGNED  196-7  (City, town, or county) (Sto
22. I certify that (I) (this hospital) that (I) (we) last saw the deceased ond hour and from the couses state  23C.PHYSICIAN'S NAME (Type)  22A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At Not Will work  ottended the deceased fram ad alive an	IN CERTIFYI  in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  hite  19	Baltimare City, give exact location)  15-16-19-19-19-19-19-19-19-19-19-19-19-19-19-
221 Certify that (I) (this hospital) that (I) (we) last saw the deceased and hour and from the couses state  23C.PHYSICIAN'S NAME (Type)  22A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At  Not Will Work  at extended the deceased from and alive an  137 / 61  ad obove. (1) (We) (did) (did not)  Reference M.D. April M.D. April M.D. April M.E. M.D. April M.D. April M.D. April M.D. April M.D. April M.D. April M.D. M.D. April M.D. M.D. April M.D. April M.D. M.D. M.D. April M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	IN CERTIFYI  In or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  hitle  21F. HOW DID INJURY OCCUR?  hitle  19	Boltimore City, give exact locotion)  1/5/67  19  ur) opinion deoth occurred on the  23B. DATE SIGNED  1/9/67  (City, town, or county)  (S



(	7 0238		BALTIMORE CITY	HEALTH DEPARTMENT		67 000	0
BIRTH NO.	0000		CERTIFICA	TE OF DEATH	Registered No.	67 023	Ö
NAME OF DE	CEASED			2. DATE A	ND HOUR OF DEATH		
ype or Print)	Banjam	in F C	'hoffin	Tom	2 1065	7 1 6	5.15n
PLACE OF D	Benjam	RYLAND	Mailli	Janu	ere deceosed lived. If in	stitution; residence befor	:15p
				A. STATE B. COU	NTY	171	1
FULL NAME		or institution,	give street	Mary	rland	110	-
HOSPITAL OR			4-7	C. CITY OR TOWN (If of	utside city limits, write l	RURAL and give townsh	ip)
79	Providen			Balt	imore		
01	1514 Div			D. STREET ADDRESS (II	rurol, give lacation)		
	Baltimor	e, Mary	land 21217	1229	Division S	Street	
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If U Months; Days Hours	nder 24 H
Male	Nomo		D, DIVORCED (specify)	March3, 1893	lost birthdoy)	Months Days Hours	s Min.
	Negro	k 108 KIND OF	gle	11. BIRTHPLACE (Stote or fore	73	12. CITIZEN OF	
ne during most o	f working life, even if retired)	1_		711. 014111111111111111111111111111111111	ergii coomiy,	WHAT COUNTRY	f?
Stock	er	13eth.	Steel Co	Virginia		U. S. A.	
FATHER'S NA	ME			Virginia	ME		
11	known			11 ,			
	KNOWN  ed Ever in U. S. Armed For	10017	1 6. SOCIAL	Unknown		ADDRESS	
es,no or unknov	(If yes, give wor or dote	es of service)	SECURITY NO.			ADDKE22	
			216-10-3850	Leroy Chaffin	-cousin 72	6 Allendale	e St.
18.	OYI		CAUSE O			INTERVAL BE	TWEEN
DISEA	ASE OR CONDITION DI	RECTLY				ONSET AND	DEATH
	LEADING TO DEATH		w Acut	e renal failur	20		
(This does	not mean the mode of	dying, e.g.,	DUE TO	G I CHAL LATIO			
	, osthenio, etc. II meons implication which coused						
1.1,0.1, 0.1	ANTECEDENT CAUSES		(a) Pros	tatic hypertro	phy		
			DUE TO	100 100 100 100 100 100 100 100 100 100	··· · · · · · · · · · · · · · · · · ·		
	OR CONDITIONS, if he above couse (A)		Mal.	nutrition			
	G CONDITION lost.	sidiling The	(C) FIGI	HUCLICION			
	11						
OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBUTING	G				
TO THE	DEATH BUT NOT RELA	ATED TO TH					
	F OPERATION 198. CON		WHICH OPERATION	T20A. AUTOPSY? (Yes or N	oll 20R. IF YES WERE I	FINDINGS CONSIDERED	
19A. DATE C	WAS PER	FORMED		20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	USES OF DEATH?	
21A ACCID	ENT WAS UNDERLYING	218	DI ACE OF INITIBY Is a S	no	() 6 :- B-(s)	Ch	
OR CONTRIE	BUTING CAUSE OF	hom	e, form, foctory, street, of	n or about 21C. WHERE DID lines bldg., INJURY OCCUR?	ur in Pollimore	City, give exact location	onJ
DEATH (noti	ly medical examiner	etc.					
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)			ile At Not Whil				
		Wo					
	y that (1) (this hospito				19 66 to Janua	-	1967
that (1) (we	) last sow the decease	ed alive on	January 8,	19 67 ond ti	hat in (my) (aur) opi	nian death occurred	an the do
				riew the bady after death.			
23A. SIGNAT			, (e) (did) (did ndi) v	104 the book otter degin.		23 B. DATE SIGNED	
30.1.3	11.	1.5	M.D. Atte	ending Med.	Stoff 1971	250 DATE STORED	
	gares	1	Phy		Stoff Phys.	January 9,	1967
23C. PHYSICI				23D. ADDRESS			
· · · · · · · · · · · · · · · · · · ·		aredo	M.D.	1514 Division	Street-Balt	timore 17 M	arvla
A. BURIAL CR			AME OF CEMETERY OF CRE			ty, town, or county)	(Stote)
REMOVAL	(Specify)		at a				
Burial	Jan 13,1	967 M	+ Olive C	em /	ictoria,	Virginia	
A. DATE REC'	D BY HEALTH DEPT.	258 NAME C	REGITERATION PAR	25C. FUNERAL DIRECTO	R	ADDRESS	5
	JAN 1 0 1967	Willer	C' Montage and	Olmanh 12	Pun 2222	2 W. North	Aux
150-REV. 1/1	/65			Looselv. H.	100)	-174011	1

A District of the second of th Die har var de sant de sant de la constant de la co the state of the s

and the second s Murland Fallman " Linea Monocal Hospital 821 S. Washington St Male White Marcond 85 80-68-8 onto William I Mishell Catheren lake Collinson Medical Bollinger Sion de premin -

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MARGEAUTO BALTIMORE 2013 CLIFTON AIR. 3/1901 65

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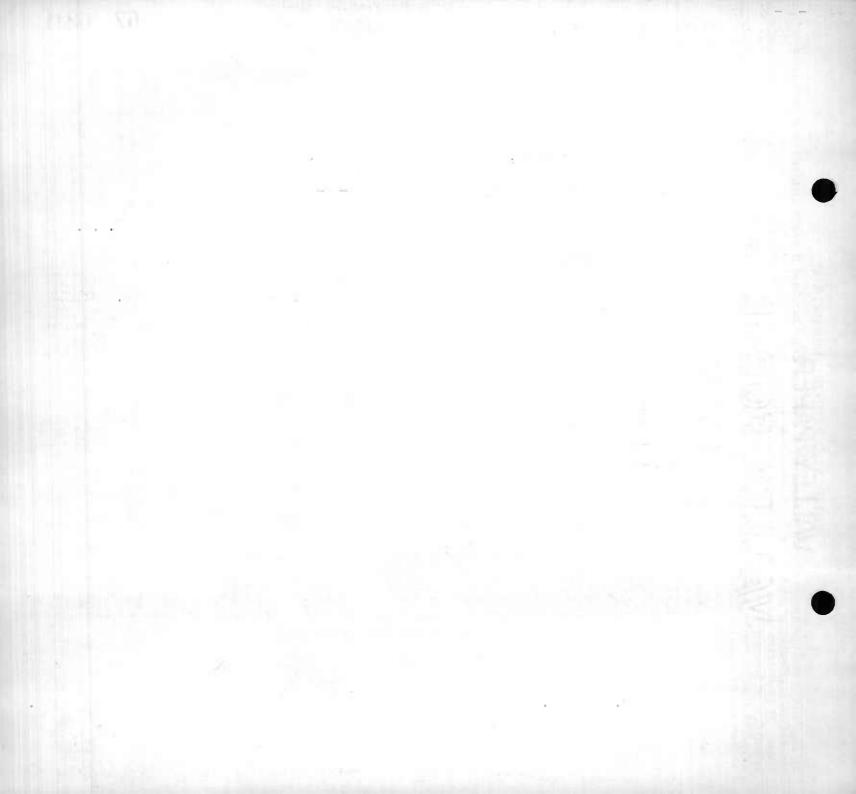
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HASC VD.

1-6-1967 2519 gathlowas Dr. BALTO, 7

JOSE R. STURICH

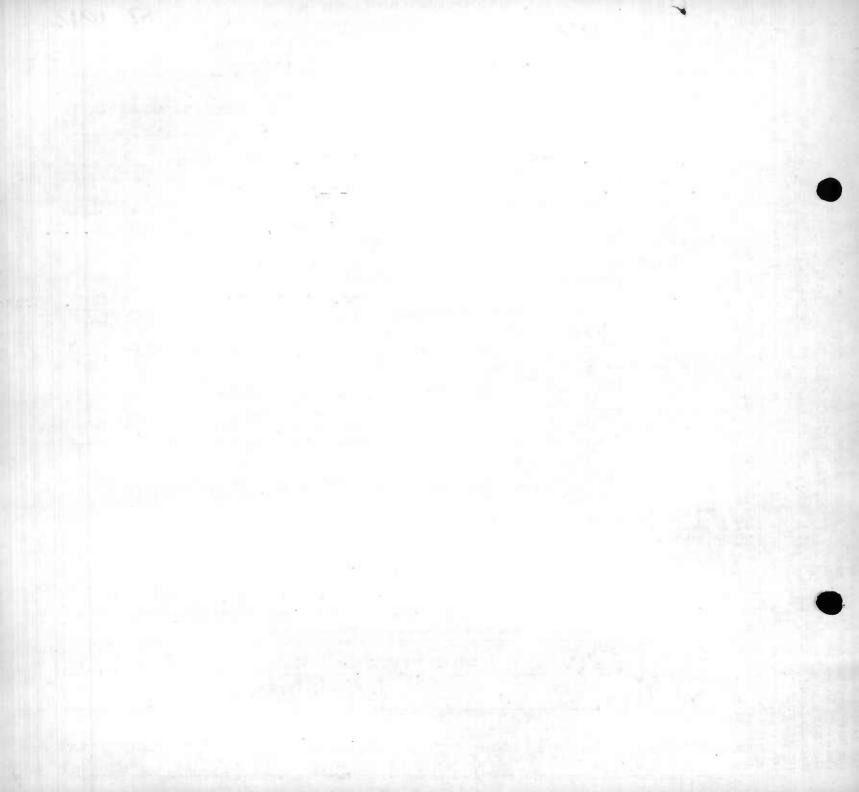


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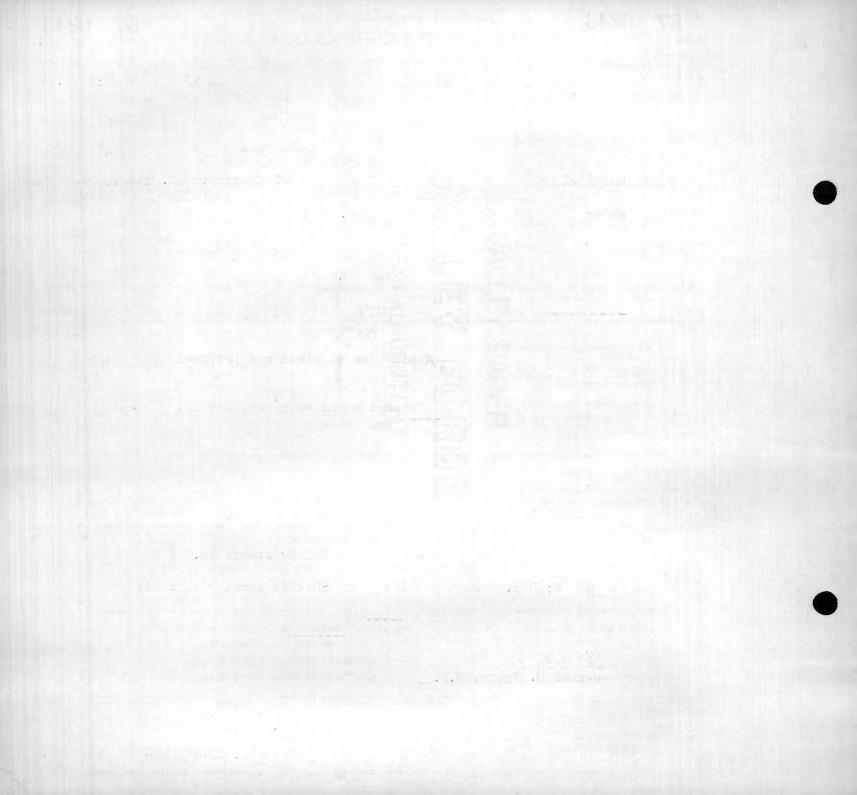
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

67 0243

BIRT	H NO.	MED	ICAL EX	CAMINER'S CI	ERTIFICATE C	OF DEATH Registe	red No,
M.E	CASE NO.					$\sim$	
1. N (Typ	AME OF DEC	EASED Barb	ara Mar	ie Thurman	2. DA1	TE AND HOUR PRONOUNC 1/8/67	9:35 p.
3. PI	LACE IN BALTI	MORE MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	B. COU	//
FUL HOS IN ST	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET		outside corporote limits, write	RURAL ond give fownship)
1	12				D. STREET ADDRESS (	LMOTE frurol, give location)	33-00
		i Hospital			142	2 Cedarmere Rd.	GWINGS MILLS MY
5. \$1		6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 9.31	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours Min.
	emale USUAL OCCU	White PATION (Give kind of wor		BUSINESS OR INDUSTRY	Dec. 20, 19	7 -	12. CITIZEN OF
done	during most of w	orking life, even if retired)					WHAT COUNTRY?
13. F	ecretar	E	Automo	bile Sales	14. MOTHER'S MAIDEN	, Maryland	USA
	James	Martin			Thelma		
	VAS DECEASED	EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
		(If yes, give wor or dote	es of service)	SECURITY NO.	Times T	l a sad Milassamana	4/10 0000000000
_	VO 8. T C. (			212-28-7679	OF DEATH	loyd Thurman	142 Cedarmere
MEDICAL CE	DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE IDISEASE OR 19A. DATE OF 21A. EXTERNAL UNDERLYING UTING CAUS	CAUSE WAS OR CONTRIB-	CONTRIBUTIN LATED TO TI GIT. IDITION FOR V FORMED  21 B. home, etc.,	(C)	20A. AUTOPSY? (Yes o yes in or obout 21C, WHERE Iffice bidg, NIJURY OCCU	nest, involving	NDINGS CONSIDERED SES OF DEATH?
		1 8 67 8:	50 p.m.	VHILE AT NOT YORK AT W	WHILE X Shot in	n chest with ri	fle
		ER'S Werner		scident Suicide	Homicide X	L EXAMINER X	
	BURIAL CREA			C. NAME OF CEMETERY O			, town, or county) (State)
	urial DATE REC'D	1/12, BY HEALTH DEPT.	67 E	Baltimore Na of registrar Tabuna	24C. FUNERAL DIRE	ECTOR	, Maryland
		JAN 1 0 1967	Robert	JE, Javeyna	Dippel B	ro's. Inc 71	10 Belair Rd.
VS	151-REV. 1/1/6	Sur suit to " N 8	79	4	Q 1,2		



BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
MACK McFADDEN	January 8, 1967 12:35 A <sub>M.</sub>
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
	Baltimore 20-04
2152 Hollins Street	D. STREET ADDRESS (If rural, give lacation)
0 0	2152 Hollins Street
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED(specify) =	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Manths   Days   Hours   Min.
Male Colored Never narmed	Au 22 1948 23
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	S. Cz. Line WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
bused Mcfodda	Alling Rayous
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, na orunknown) (If yes, give wor or dates of service) SECURITY NO.	C TUSII
100	Ernes Mctoden Same
18. 982X	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  (This does not mean the mode of dving and	ound of Chest with Perforation
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	Heart.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
Q II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes
Z1A, EXTERNAL CAUSE WAS UNDERLYING CONTRIB- 21B. PLACE OF INJURY (e.g., home, fam, factory, street,	in ar about 21C, WHERE DID (If in Boltimare City, give exact location)
TITING CALLSE OF DEATH	Front Pavement of 2152 Hollins Street
Pavement  21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
m. WORK LAT W	WHILE K Stabbed during altercation.
22. I certify that I held on Inquiry Inspection Au	topsy X ond that an this bosis, death in my opinion
resulted fram: Natural causes Accident Suicio	
A 11	CHIEF MEDICAL EXAMINER
ACTUAL NINGTON	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER X
Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 1/8/67
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	
REMOVAL (Specify)	0 011
Burial 1-12-67 141. Aubur	N (cm. DAOTO.
24A. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
IAN 10 1967 10 0 6 8 Fraleum	6 6 mg 1 03 Waln 1000 Bo they he
VS 151-REV. 1/1/65	1000 TOTAL IT
V 0 / 9 / 8	7

Beer normal My 22, 1993 S. Panhae . 1621 Laborer Grand Mcfadde Albren Bravery or Kinner He Fadda Burne 1-10-67 Peters Co. Bath. Buy O. William mar Birding

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DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/65

	00 00	AC		HEALTH DEPARTMENT	X	67 0246
M.E. CASE NO.	67 02	.40	CERTIFICA	TE OF DEATH	Registered No	
1. NAME OF DEC		M. LEE			- 5-67	1145
3. PLACE OF DE	ATH IN BALTIMORE MA					institution; residence before admissi
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A DALLING KG 100			A. STATE B. COL		maintain, residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or location	or instilution, give son)	treel	c. cin ox land are	Baltimor	CE le RURAL and give township)
20				Cockeysville		33-00
Long G	reen Nursing	Home			If rural, give location)	
5, SEX				219 Warren		
Female	White	7. MARRIED, NEVE WIDOWED, DIV Widowed	ORCED (specify)	8. DATE OF BIRTH May 28, 1876	9, AGE (In years lost birthday)	If Under 1 Yr. 11 Under 24 Months Doys Hours Min
	UPATION (Give kind of wo working life, even if retired)	108, KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or lo	reign country)	12, CITIZEN OF WHAT COUNTRY?
Housew		The state of the s		Maryland		U.S.A.
3. FATHER'S NA			-4-12-1	14. MOTHER'S MAIDEN N.	AME	Uenew
Techni	Cho 11			Delta		
5, Was Deceased	Shelley	rces?   1 6. S	OCIAL	Rebecca H	lackett	ADDRESS
Yes, no or unknow	n) (If yes, give war or da		ECURITY NO.			
No		21.	5 <del>-48-3491-</del>		Lee Howard	219 Warren Rd. 210
18, 4, 9	/ X I		CAUSE	DEATH /		ONSET AND DEATH
DISEA	SE OR CONDITION D		1	3 //		) - /)
100	LEADING TO DEATH		(A) // (	DMCho- 12	neumoru	el co hus
	not meon the mode o		DUE TO			
	, oslhenio, elc. Il meon mplicolion which couse			V		
	ANTECEDENT CAUSE		(8)			
			DUE TO	***************************************		•
	OR CONDITIONS, if to bove couse (A)		(6)			
	G CONDITION lost.	storing ine	(C)		== 000000000000000000000000000000000000	
	11			2		
E TO THE D	IFICANT CONDITIONS DEATH BUT NOT REL CONDITION CAUSING	ATED TO THE	Chit	enosele.	reis	
	F OPERATION 198. COL		OPERATION	20 A. AUTOPSY? (Yes or I	No) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING [UTING CAUSE OF y medical examiner)		E OF INJURY (e.g., m, foctory, street, c	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltin	nore City, give exact location)
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJU	RY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At	Not Whi			
		Work	AI Work	70 838	66	VA. 5 6
	that (I) (this haspite	- 11		Jeps 100	19 0 6 to	Jul ) 190
that (I) (we	last saw the deceas	en alive on	auny	19 6 / and	that in (my) (aut) o	pinion deoth accurred an the
and hour on	d from the couses se	ited aboye. (h) (Ne	) (did) (did not)	view the body after death	/	
BA. SIGNAT		6110		,		23B, DATE SIGNED
11	N Sel	111 . 1	M.D. AH	ending Med.	Stolf	1-5-67
22C BHYSICI	TE TE	free .	Phy		Phy s.	100/
Willi	Type)	*		23 D. ADDRESS		
Willi	lam G. Helfri	ch	M.D.	5006 Roland A	lve., Baltin	more, Md.
AA. BURIAL CRE	EMATION, 24B, DATE	24C. NAME o	I CEMETERY OF CR			(City, town, or county) (State
Buria		Drogn	oct Hill C	amatamı.	lorra on Ma	al and
25A. DATE REC'E	BY HEALTH DEPT.	258. NAME OF REC	SISTRAR	emetery T	owson, Mary	ADDRESS
	JAN 1 0 1967	Pale Jan.	Salley Mil	Wm. Cook-Bro	oks Towson	1050 York Rd. 212

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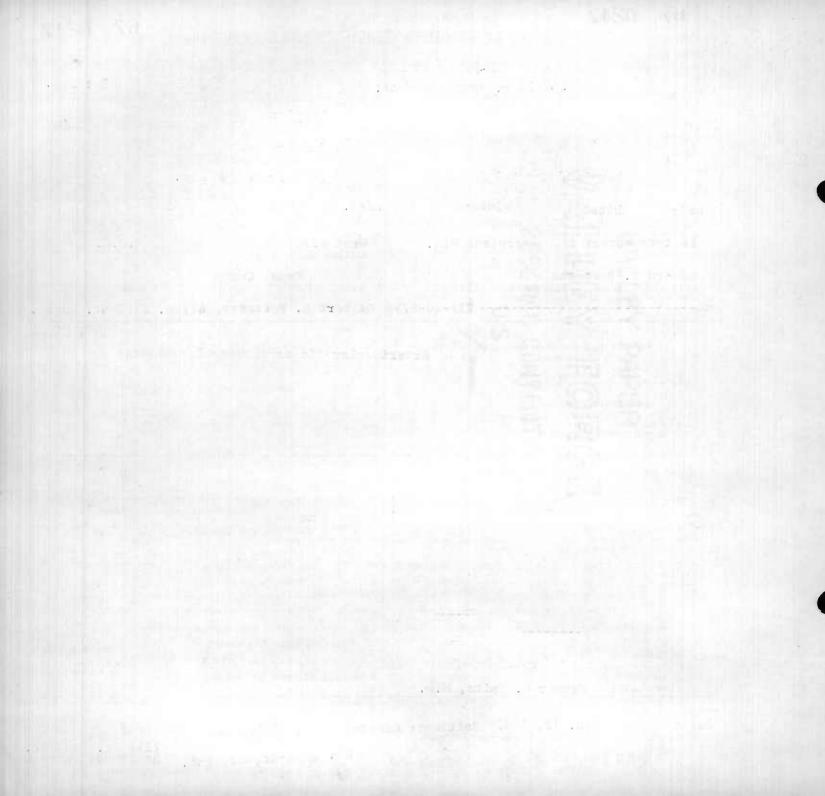
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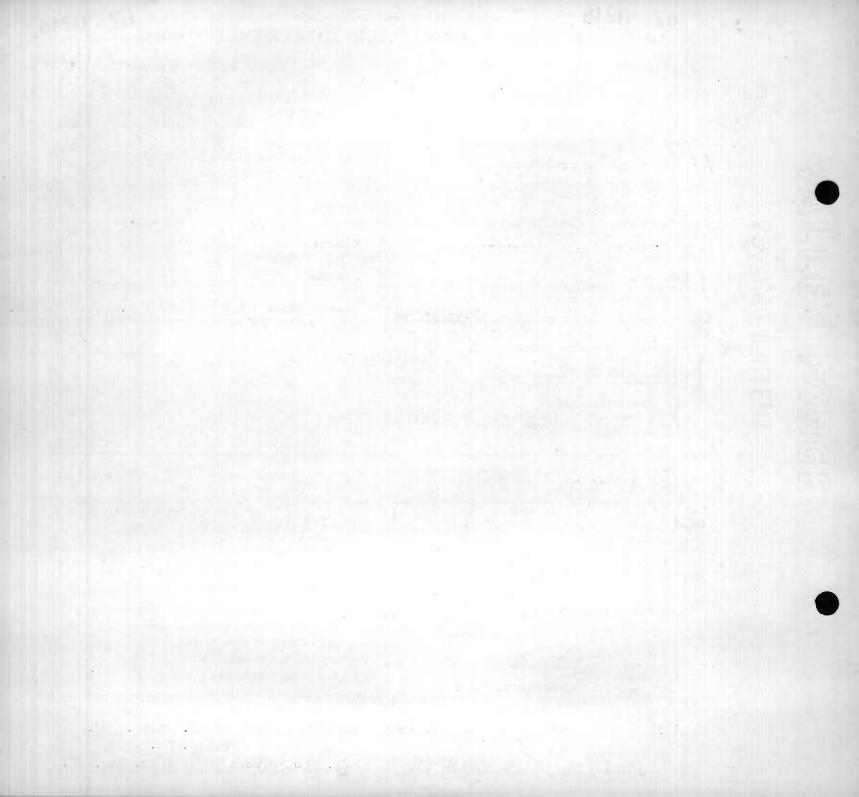
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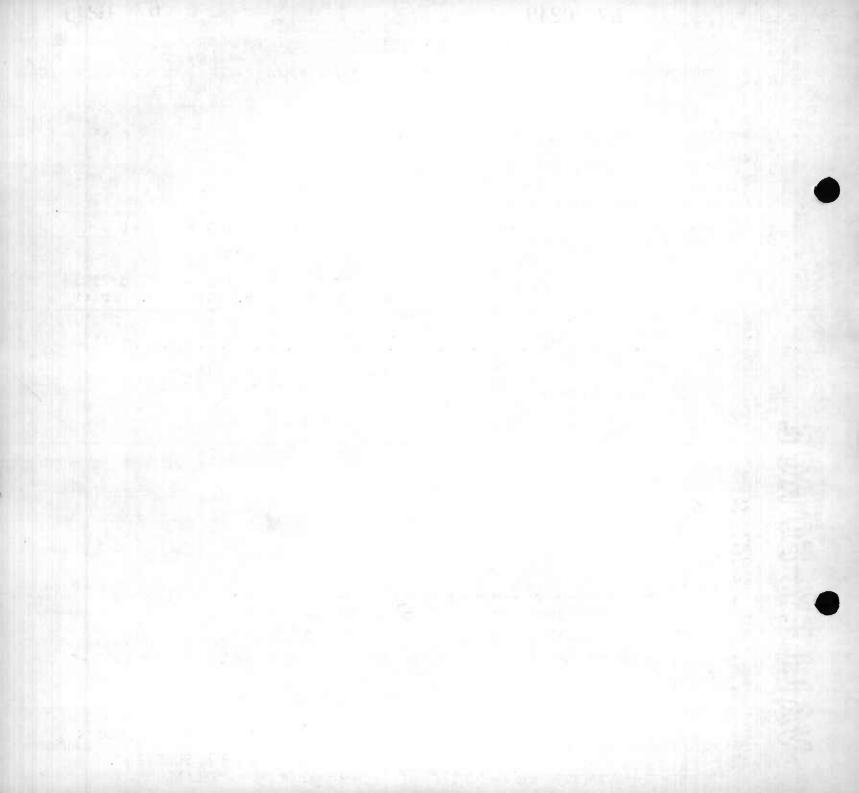
## P 67 0247 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 0247

_	E. CASE NO.					
1. (Ty	rpe ar Print)		WARD PORTMESS		2. DATE AND HOUR PRONOUN	
2	Diagram in the second s	是规划于中平层本书	28××××86	*	1/8/67	10:25 a. <sub>M</sub> .
3.	PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOU	INCED DEAD			nstitution: residence before admission) OUNTY
FU	LL NAME OF (IF NOT IN HO	SPITAL OR INSTITU	TION, GIVE STREET		ryland VN (If outside carporate limits w	wite BillBAL and nive to mile of
IN:	STITUTION ADDRESS OR LO	OCATION)		C. CITI OK 10V	VIA (11 outside carporate limit	MIE WAL ond give to whiship?
	112				imore RESS (If rural, give locosian)	1-21
	Maryland	General	Hospital	390	09 Frankford Ave.	
5.	male white	7. MARRIED, WIDOWED, I	NEVER MARRIED DIVORCED (specify) OWED	Jan. 10,	lost birthdoy	3 If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of		BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
dor	Factory Worker		ne Mfg.	West Vi	roinia	WHAT COUNTRY?
13.	FATHER'S NAME	Althie	me riig.	14. MOTHER'S MA		U.S.A.
15	Edward T. Portmes WAS DECEASED EVER IN U.S. ARA		16. SOCIAL	17. INFORMANT	Rena Curry	ADDRESS
(Ye	s, na or unknown) (If yes, give wor ar		SECURITY NO.			
1	No		- 217-10-6738	Gilbert I	L. Portmess, &17	W. 23rd St. Balto.
	18. 42211		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION	DIRECTLY	Artoni	osoloroti	c cardiovascular	
	LEADING TO DEA	of dvina. e.a.	(A)DUE TO	oscieroci	C Calulovascular	urseus-
	heart failure, asthenia, etc. It me injury or complication which cous	eans the disease. sed death.)	001 10			
	ANTECEDENT CAL	, ises				
	DISEASES OR CONDITIONS,		(B). DUE TO			
	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	STATING THE	552 10			
Z			(C)		***************************************	
12	II.					
CERTIFICATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO TI	IG HE	••••		
CERT	19A. DATE OF OPERATION 19B. C	PERFORMED	VHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	
MEDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. I home,	PLACE OF INJURY (e.g., i farm, factory, street, o	n or about 21C. W ffice bldg., INJURY	HERE DID (If in Baltimore City, OCCUR?	give exact lacation)
3	OTHER CAUSE OF BEATH.	0.00				
	OF INJURY		IE. INJURY OCCURRED		OW DID INJURY OCCUR?	
	(APPROX.)	m. W	ORK NOT V	ORK		
	22. I certify that I held on	Inquiry	Inspection X Aut	opsy ond	that on this basis, death In	my opinion
	resulted from: Natural	-				
	1	couses - A	ccident Suicide	_		nner
	ACTUAL MILL	/			EDICAL EXAMINER	DATE SIGNED
	SIGNATURE //	my hay	M.D.		EDICAL EXAMINER X	1/9/67
		ner U. Spi	tz, M.D.	ASSOCIATE M	EDICAL EXAMINER	2, 3, 0,
	A. BURIAL CREMATION, 23B. DATE	230	C. NAME of CEMETERY of			ity, tawn, ar caunty) (State)
		12, 1967	Baltimore Cor	metry	Polti Mi	aryland
	A. DATE REC'D BY HEALTH DEPT.		Baltimore Cer	24C. FUNERA	Baltimore, Ma	ADDRESS
	JAN 1 0 196	7 Roles &	E. Farkerna	Wm. Co	ook-Brooks, Inc.	1217 St. Paul St. Baltimore, Maryla
VS	151-REV. 1/1/65	1 8	J 7 4 1	U I	4 0	



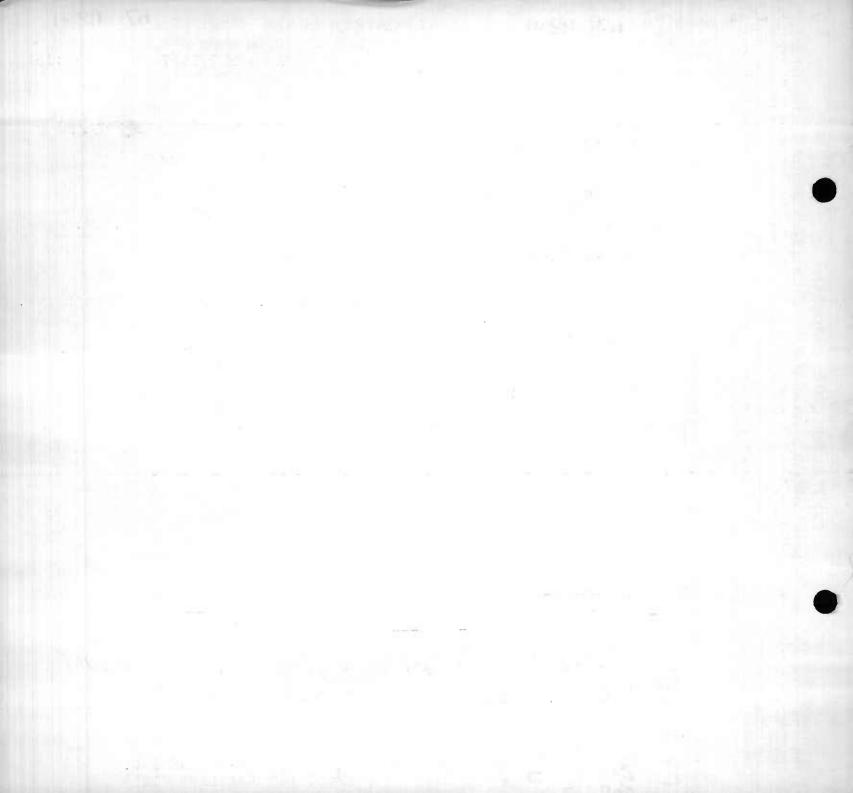
BIRT	H NO.		MEDICAL EX	AMINER 3 CE	KIIFICA	IE OF I	JEA I H Register	red Na		
M.E	CASE NO.									
1. I (Typ	NAME OF DEC	EASED					D HOUR PRONOUNCE			
			RENCE A.	HOLBRO			uary 4, 1967		5:45	141.
3. P	LACE IN BALT		AND, WHERE PRONOL		A. STATE	ryland	deceased lived, If insti B. COU	itutian: resi INTY	dence befare	admissian)
HO IN S	L NAME OF SPITAL OR TITUTION	ADDRESS	HOSPITAL OR INSTITU OR LOCATION)	ITION, GIVE STREET		WN (If autsid	e corporate limits, write	RURAL o	nd give towns	hip)
1	Mary	land Ger	neral Ho <b>spi</b> ta	a1	D. STREET ADD	W. Read	_			
5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years		1 Yr. If Und	
	Male	White	WIDO WED,	DIVORCED (specify)	10/1/05		lost birthday)	Months	Days   Hour	Min.
			ind of work 10B. KIND OF	BUSINESS OR INDUSTRY			In country)	12. CITIZ	EN OF	-
done	during most of w	vorking lite, even							T COUNTRY?	
	ong Shor				Flordi		E	USA		
15.1	Unknow		ARMED FORCES?	16. SO CIAL	Unknow			ADDRES		
			or or dates of service)	SECURITY NO.			/ 010 **			15 16
N	0			264-18-7701	Joseph	Braum	4218 Hayward	Ave.	Balto	15, M
	1B. F. 9	020		CAUSE	OF DEATH				ONSET AND	
CERTIFICATION	hean foilure, injury or can A DISEASES ( RISE TO THI UNDERLYIN	osthenia, etc. nplication which NTECEDENT DR CONDITIO E ABOVE CAU IG CONDITIO	NS, IF ANY, GIVING SE (A) STATING THE	(B) DUE TO	ole Injur					
RTIFIC		CONDITION	NOT RELATED TO T CAUSING IT. 19B. CONDITION FOR	***************************************	20A, AUTOPS	Y? (Yes or No)	20B. IF YES, WERE FIR	NDINGS C	ONSIDERED	00000000000000000
	2		WAS PERFORMED		Ye	es.	IN CERTIFYING CAUS	SES OF DE	ATH?	?es
MEDICAL	UNDERLYINGX UTING CAU	OR CONTRIB-		PLACE OF INJURY (e.g., i , form, foctory, street, a Home	ffice bldg., INJUI	WHERE DID RY OCCUR? W. Read		// _	Coloni	
2	21D TIME OF INJURY	(Manth) (Do	y) (Year) (Hour) 2	1E. INJURY OCCURRED		IOM DID INJI	JRY OCCUR?		-	
	(APPROX.)	1 4	'67 P	VHILE AT NOT V	ORK X Fa	all from	window.			
		ted fram: Na	D Lauter J	Suicident Suicide	CHIEF	MEDICAL EX	CAMINER X	er 🗌	DATE SI	GNED
	NAME (	MATION, 23B	Charles S.	Petty  C. NAME OF CEMETERY OF	CREMATORY	23 <b>D.</b> L	OCATION (City,	town, ar	county)	(Stote)
	AOVAL (Specify		10.167				6 1 - 1 -	1.	24.1	
24/	Burial C. DATE REC'D	BY HEALTH D	1/9/67 EPT. 248, NAME	OF REGISTRAR	Cemetes 24C. FUNE	RAL DIRECTOR	rford Rd. Ba Balto. Mo	1	ADDRESS	
		JAN 10	1967 1 09.5	E startent	Wm.	Cook-Bro	oks FH 1217	St. ]	Paul St	•





VS 150-REV. 1/1/65

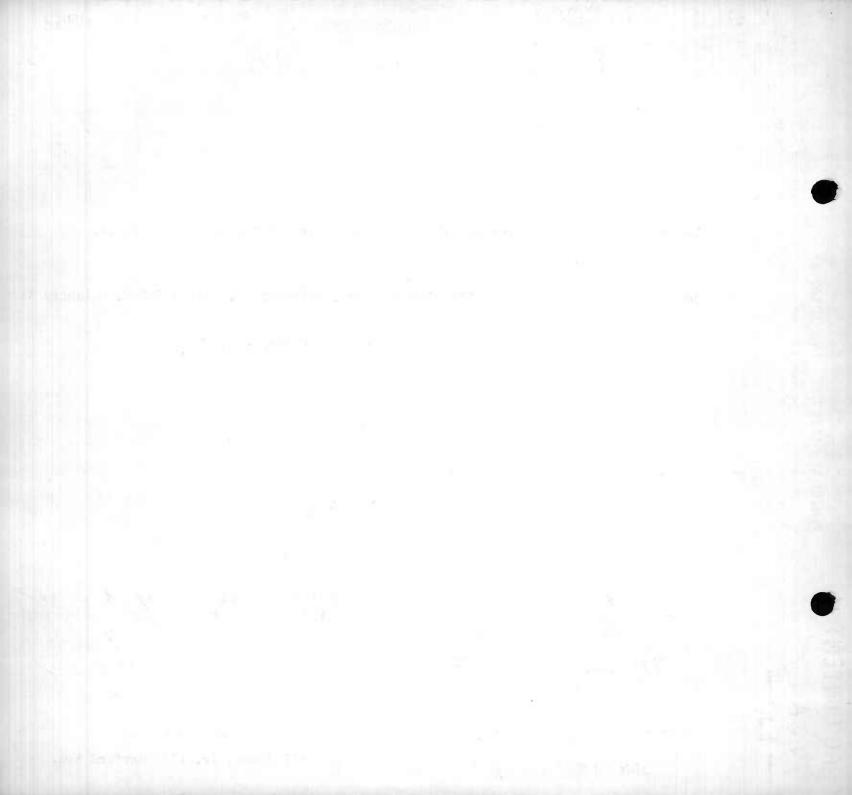
BALTIMORE CITY HEALTH DEPARTMENT



A.E. CASE NO.	67 025	51	CERTIFICA	TE OF DEATH	Registered No.		Shari S.
Type or Print)	MARY	REBECO	CA CALHOUN	Ja	n.9.1967	112	:50 p.
FULL NAME HOSPITAL OR		or institution, g	give street	A, STATE B, COU Maryland C. CITY OR TOWN (IF A Baltimore	UN TY		
00 2º	795 ½ The Al	lameda		D. STREET ADDRESS	(If rural, give location) he Alameda	9.	
Female	6. RACE white	7. MARRIED, WIDOWED WIDOW	NEVER MARRIED  DIVORCED (specify)  VED	B. DATE OF BIRTH July 1,1877	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Days	If Under 24 H Hours Min.
	f working lile, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo		12. CITIZEN O WHAT CO	
Rober	t Noblet			14. MOTHERS MAIDEN N Hester	Miller		
	d Ever in U. S. Armed Fore n) (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	William Ca 2795 2 The	lhoun (Sor Alameda.Ba	n) altimore	
	LEADING TO DEATH		DUE TO	erallzed /Ar	Ten i e sclerosi	s Seve	
DISEASES rise to the UNDERLYIN	nal meen the made af , asthenio, etc. It means mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if call the couse (A) of CONDITION last.	the disease, deoth.)  any, giving stoling the ONTRIBUTING	(B)	eralized zar	Nen i o scienos,		
DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE I DISEASE OR	nal meen the made of a sthenio, etc. It means mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) G CONDITION last.  II INFICANT CONDITIONS CODEATH BUT NOT RELAT CONDITION CAUSING IT	any, giving sloling the ONTRIBUTING STEEL TO THE TO.	(B)	20A. AUTOPSY? (Yes or I		FINDINGS CON!	SIDERED
DISEASES rise lo li UN DERLYIN  OTHER SIGN TO THE I DISEASE OR 19 A. DATE O OR CONTRIB OF CONTRIB	nal meen the made af, asthenio, etc. It means mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	The disease, deoth.)  any, giving stoling the ONTRIBUTING CIED TO THE T.  DITION FOR WORMED	DUE TO  (B)  DUE TO  (C)  WHICH OPERATION  PLACE OF INJURY (e.g., in e.g., form, foctory, street, of	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON!	SIDERED :?
DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE IDISEASE OR TIPÁ. DATE O	nal meen the made of asthenio, etc. It means implication which coused anteceded antece	ontribution for week.  (Hour) 21E.	OUE TO  (B)  DUE TO  (C)  PLACE OF INJURY (e.g., infectory, street, offerm, foctory, street, off	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	SIDERED :?
DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE DISEASE OR TO THE DISEASE OR TO THE TO DISEASE OR TO DISEASE OR TO THE TO DISEASE OR TO DIS	nal meen the made af , asthenio, etc. It means mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if conditions cause (A) if condition causing if operation [198. condition cause of y medicol exominer)  (Month) (Doy) (Yeor)  The province of the condition of the condition cause of y medicol exominer)  (Month) (Doy) (Yeor)  The province of the condition of the con	The disease, deoth.)  any, giving stoling the CONTRIBUTING TO THE T.  DITION FOR WE FORMED  21B. hometc.,  (Hour)  21B. White World	DUE TO  (B) DUE TO  (C)  PLACE OF INJURY (e.g., in e., form, foctory, street, of the end	20A. AUTOPSY? (Yes or NO or obout 21C. WHERE DID injury OCCUR?	No) 208. IF YES, WERE IN CERTIFYING CA  (If in Boltimon  NJURY OCCUR?	FINDINGS CONSUSSES OF DEATH	SIDERED :
DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE IDISEASE OR 19A. DATE OF TOR CONTRIB DEATH (notification of the Individual of the Indiv	nal meen the made af asthenio, etc. It means in the made af asthenion which coused ANTECEDENT CAUSE (A) GONDITION (B)	The disease, deoth.)  any, giving stoling the CONTRIBUTING TO THE T.  DITION FOR WE FORMED  21B. hometc.,  (Hour)  21B. White World	DUE TO  (B) DUE TO  (C)  PLACE OF INJURY (e.g., in form, foctory, street, of the foctory, street, street	20A. AUTOPSY? (Yes or NO NO NO O O O O O O O O O O O O O O O	No) 208. IF YES, WERE IN CERTIFYING CA  (If in Boltimon  NJURY OCCUR?	FINDINGS CONSUSSES OF DEATH	SIDERED 1? t location)
DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE I DISEASE OR TO T	nal meen the made of asthenic, etc. It means in the made of asthenic, etc. It means in the made of asthenic, etc. It means in the made of the means in the made of the means in the means in the means of the means o	The disease, deoth.)  any, giving stoling the Contribution of the T.  DITION FOR WE FORMED  (Hour) 21E.  White World of the dec.)  ced obove. (I)	DUE TO  (B) DUE TO  (C)  PLACE OF INJURY (e.g., in form, foctory, street, of the foctory, street, street	20A. AUTOPSY? (Yes or NO no obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN ond iew the body ofter deoth Director 12D. ADDRESS  3202 Harf (	Not 208. IF YES, WERE IN CERTIFYING CA  (If in Boltimore  NJURY OCCUR?	FINDINGS CON! USES OF DEATH  e City, give exoc  nion death occ  23B. DATE SIGI  Jan.	SIDERED  19 67  1967  1967

Generalized Anthernham Former

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

eath IMPORTANT FUNERAL DIRECTOR: chief medical approved

VS 150-REV. 1/1/65

and

hospital

If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? SA 1201 Meredi Ford Rd-To INTERVAL BETWEEN ONSET AND DEATH 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in(my) (our) apinian death accurred an the date 23B, DATE SIGNED (City, town, or county) Jenkins & Sons Co.4905 York Rd.

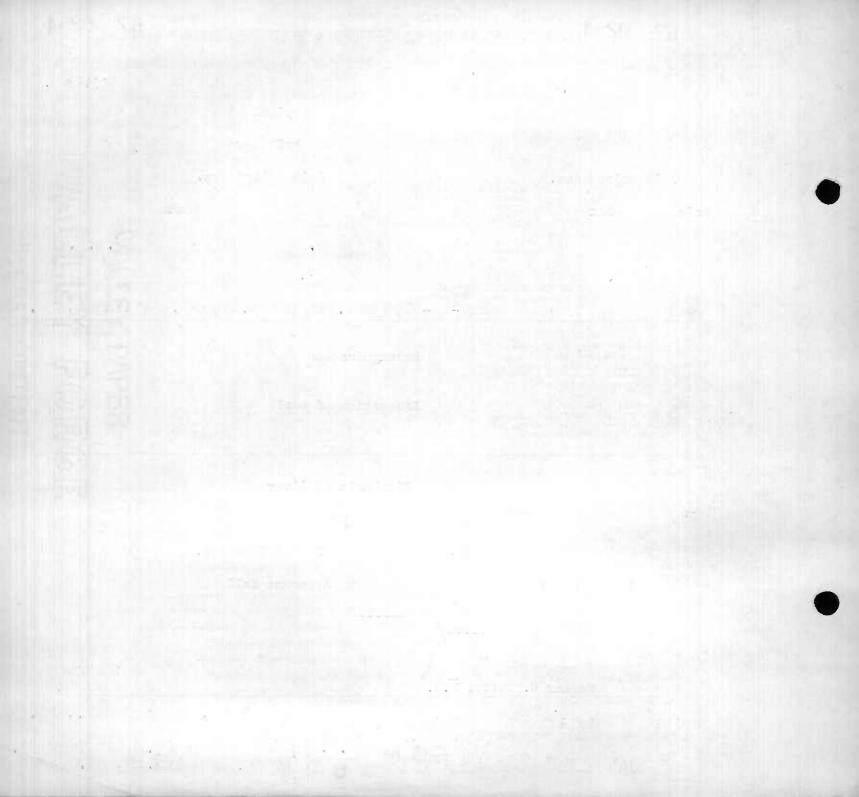
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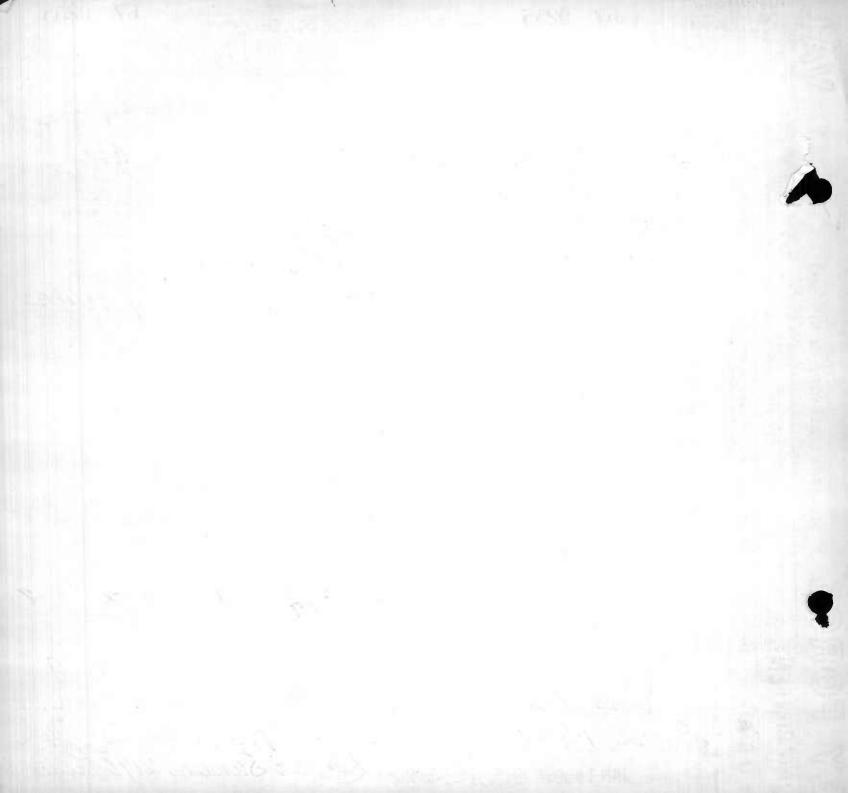
BALTIN	ORE	CITY	HEALTH	DEPART	MENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

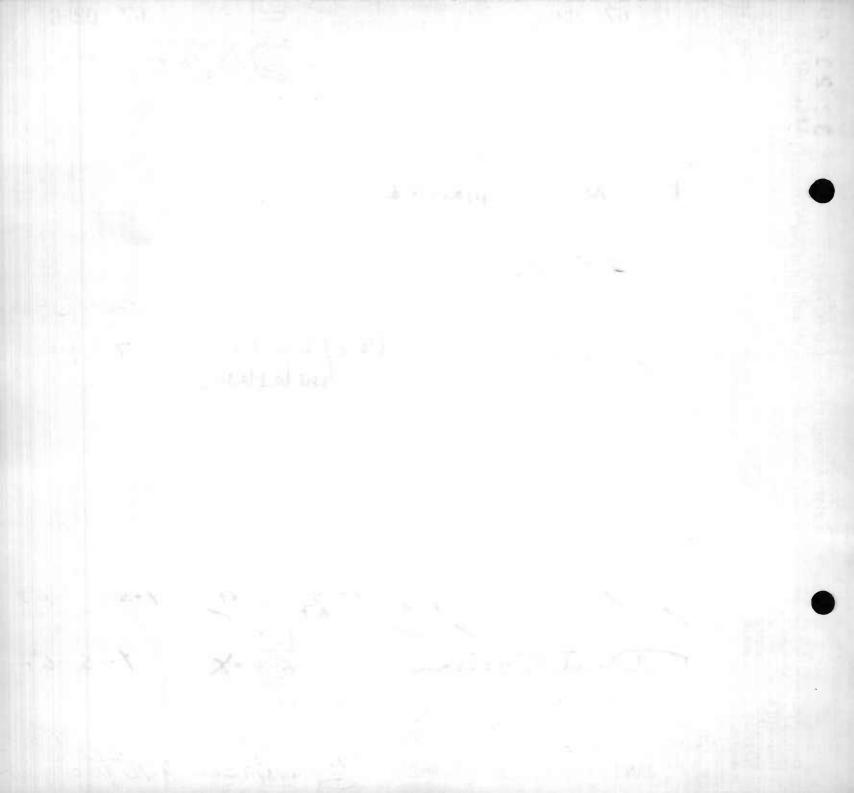
	67	0254
ned.	No.	

	ICAL EXAMINER'S	CERTIFICATE OF DEATH Register	red Na.
M.E. CASE NO.		2. DATE AND HOUR PRONOUNCE	D DEAD
1. NAME OF DECEASED	C.		
Dr Lav 3. PLACE IN BALTIMORE, MARYLAND, W	vrence / Smyth	1/8/67  4. USUAL RESIDENCE (Where deceased lived. If insti	11:40 p. M.
or react in bactimong manients, w	THERE PROTOGRADING	A. STATE Maryland B. COU	NTY
FULL NAME OF (IF NOT IN HOSPITH ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write	RURAL ond give township)
HOSPITAL OR ADDRESS OR LOCA		Baltimore	07-12
()		D. STREET ADDRESS (If rural, give location)	4/-/
5019 Roland Ave.		5019 Roland Ave.	
5. SEX   6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr
male white	WIDOWED, DIVORCED (specify) Widowed	2/4/1908   last birthdoys 58	Manths Doys Hours Min.
		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)	Donts	Moss	WHAT COUNTRY?
Physician B. FATHER'S NAME	Dentist	Mass.  14. MOTHER'S MAIDEN NAME	U.S.A.
Hanny C Smith		Eva M. Houston	
Henry S. Smyth.  5. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS
res, no or unknown) (If yes, give wor or dote Yes WWII	es of service) SECURITY NO. 216-12-8150	O Mrs.Deborah S. Terry,	Raltimore Md
18. = 9040	CAUS	SE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DI		anguing tion	
(This does not mean the mode of	(A)	inguination	
heart foilure, ostheria, etc. It means injury or complication which caused	s the disease,		
ANTECEDENT CAUSE		eration of scalp	
DISEASES OR CONDITIONS, IF A	ANY, GIVING DUE TO TATING THE		The Paris
UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TIPA, DATE OF OPERATION 198, CON			
OTHER SIGNIFICANT CONDITIONS			
TO THE DEATH BUT NOT RE		rhosis of liver	
19A. DATE OF OPERATION 198. COM		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN	
WAS PER	RFORMED	yes yes	ES OF DEATH?
Z1A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID (If in Baltimore City, gir office bldg., INJURY OCCUR?	ve exact location)
UNDERLYING OR CONTRIB-	etc.) home	5019 Roland Ave.	27-13
21D TIME (Month) (Day) (Yea			× /-/-
(APPROX.) 1 8 67	? WHILE AT NOT	WHILE X Apparent fall	
22.	m. WORK AT	WORK I I I I I I I I I I I I I I I I I I I	
1 certify that I held on	Inquiry Inspection A	utapsy X and that an this basis, death in m	y apinlan
resulted fram: Natural ca	uses Accident X Suici	ide Hamlcide Undetermined manne	or _
1		CHIEF MEDICAL EXAMINER	DATE CICKED
SIGNATURE MUSIC	, h- 7~ (M.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	, m.	ASSOCIATE MEDICAL EXAMINER	1/9/67
NAME (Type) Werner	U. Spitz, M.D.		
SA. BURIAL CREMATION, 238. DATE	23C. NAME of CEMETERY		town, or county) (State)
Burial 1/11/	1967 Belair Mer	morial Gardens Belair, Har	ford Cty., Md.
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
	Robert E. Farley	H.W. Jenkins & Sons Co	. 4905 York R
1AN 1 0 1967	Charles E, Market	OO O I I Balto	0.12. Md.
JAN 1301			

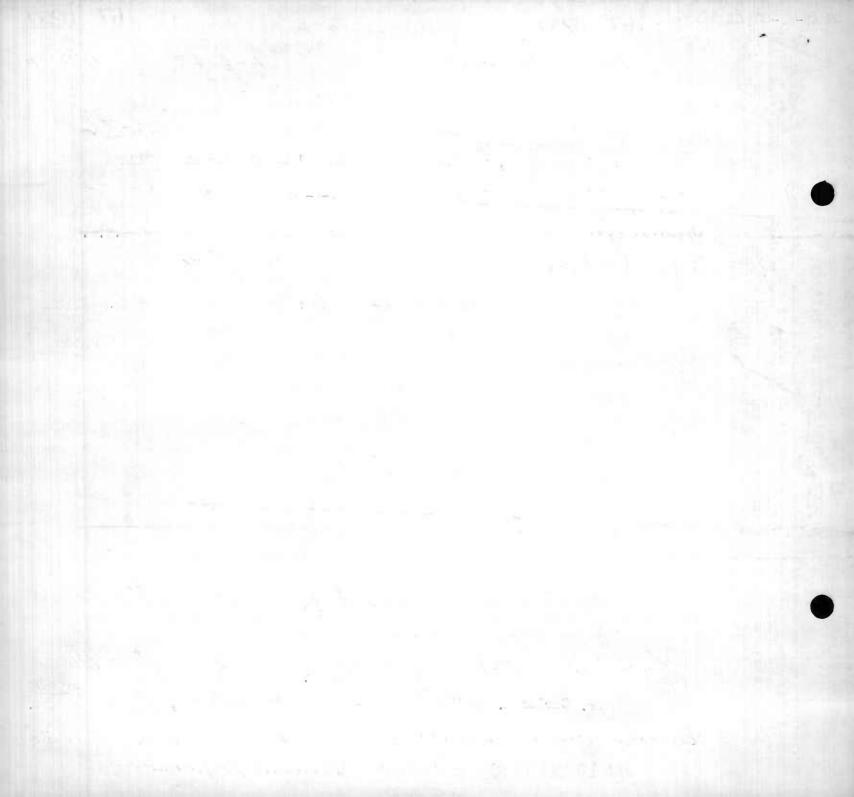




2 P	CASE NO.  AME OF DECEASED  OF PRINTIP  LACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  4. USUAL RESIDENCE (Where deceased lived, 'If institution: res	7.35
e H	ULL NAME OF (If not in hospital or institution, give street oddress or location)  ASTITUTION	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond Baltimore D. STREET ADDRESS (If turol, give locotion)	give township)
9	The Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give locotion)  1641 Normal Avenue	
5. S	T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	8, DATE OF BIRTH  3/27/16  11. BIRTH VACE (State or foreign country)  9. AGE (In years In Under Months; D. S.	Doys Hours M
done	during most of working life, even il retired)	Baltimore	I COUNTRY?
odsi p la listo (Yes,	Vas Pecessed Ever in U. S. Armed Forces?  No or unknown) (II yes, give wor or dotes of service)  16, SOCIAL SECURITY NO.	Alma Gibson  17. INFORMANT  Alma Files 16111 Max	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused death,)		ITERVAL BETWEEN NSET AND DEATH
mains are en	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS OF DE YES	CONSIDERED EATH?
***	21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)		exact location)
dined MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED While At Not While Work At Work		
pe (	22. I certify that M (this hospital) attended the deceosed from	19.67 and that Infant (our) apinion death	occurred an the
	23A. SIGNATURE	23B. DATE	SIGNED
E	23C.PHYSICIAN'S NAME (Type)	s. Director Phys. 23D. ADDRESS	-7-6



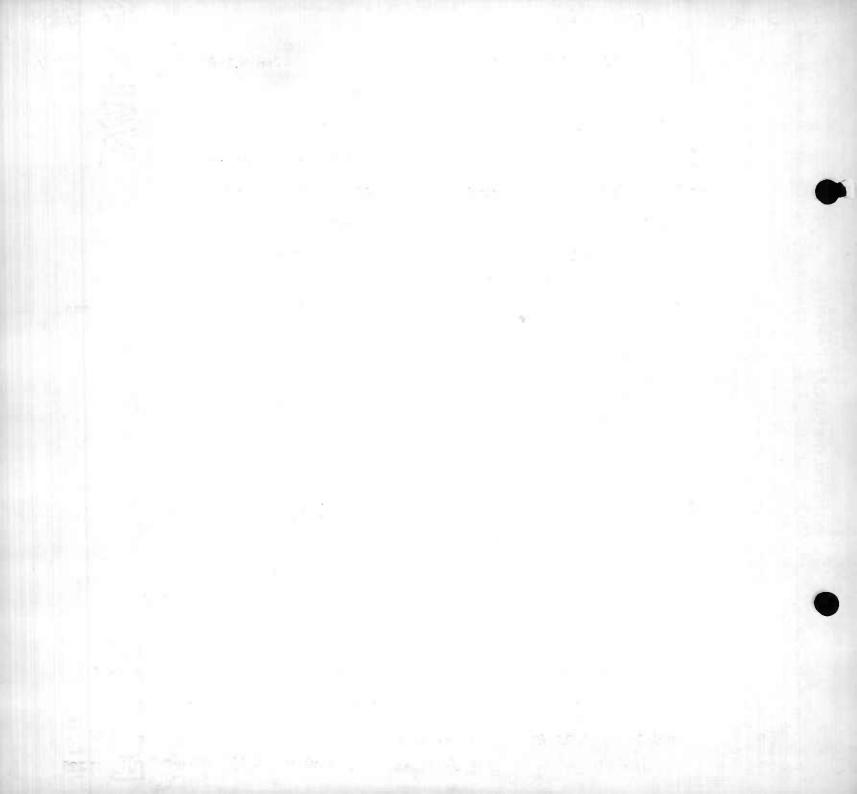
VS 150-REV, 1/1/65



OP	00~0	BALTIMORE CITY	HEALTH DEPARTMENT		67 0258
	0258	CERTIFICA	TE OF DEATH	Registered Na	UG UG DO
N.E. CASE NO.			2. DATE AI	ND HOUR OF DEATH	
	a Elizabeth l	Hajek	Jan	8,1967	89.
FULL NAME OF (If r	ot in hospitot or instituti	on, give street	4. USUAL RESIDENCE (Whe A. STATE B. COUN	ere deceased lived. If inst	litution: residence before admiss
HOSPITAL OR Odd INSTITUTION Penni	ngton Ave		Baltimore	rurol, give location)	25-05
00			4729 Penning	ton Ave	
Female Cau	WIDO	IED, NEVER MARRIED WED, DIVORCED (specify) Arried	11/22/1896	70	Months Doys Hours Mi
done during most of working life, Housewife		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME	Unk		14. MOTHERS MAIDEN NA Unk	ME	
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, gi		SECURITY NO.	17. INFORMANT		ADDRESS
No		CAUSE O	Family	***	Sama
DISEASES OR COND rise la lhe abave UNDERLYING CONDIT  OTHER SIGNIFICANT CO TO THE DEATH BU	cause (A) stating ION last.  II  DNDITIONS CONTRIBUTE NOT RELATED TO	ThNG			
DISEASE OF CONDITION 19A. DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21 A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical ex	AUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) IHour)	21E. INJURY OCCURRED  While At Not White Work At Work		URY OCCUR?	
that (1) (we) lost saw	the deceased alive	on 1/4/67	19ond th		
ond hour ond from the 23A. SIGNATURE	couses stated above	e. (I) (We) (did) (did not) v	iew the body ofter deoth.	- I	23B, DATE SIGNED
spso	noush.	M.D. Atte	ending Med.	Stoff Phys.	119/67
23C. PHYSICIAM'S NAME (Type)	snowsh	M.D.	4016 Ritch	ie Huy	Balto - 25.1
24A. BURIAL CREMATION, REMOVAL (Specify)		C. NAME of CEMETERY OF CRE	MATORY 24D. L		, town, or county)   IStat
Burial	1/12/67	Holy Cross Cem		A A	Co Md
25A, DATE REC'D BY HEALT	H DEPT 25B. NAA	AE-OF REGISTRAR	25C. FUNERAL DIRECTO	2	ADDRESS

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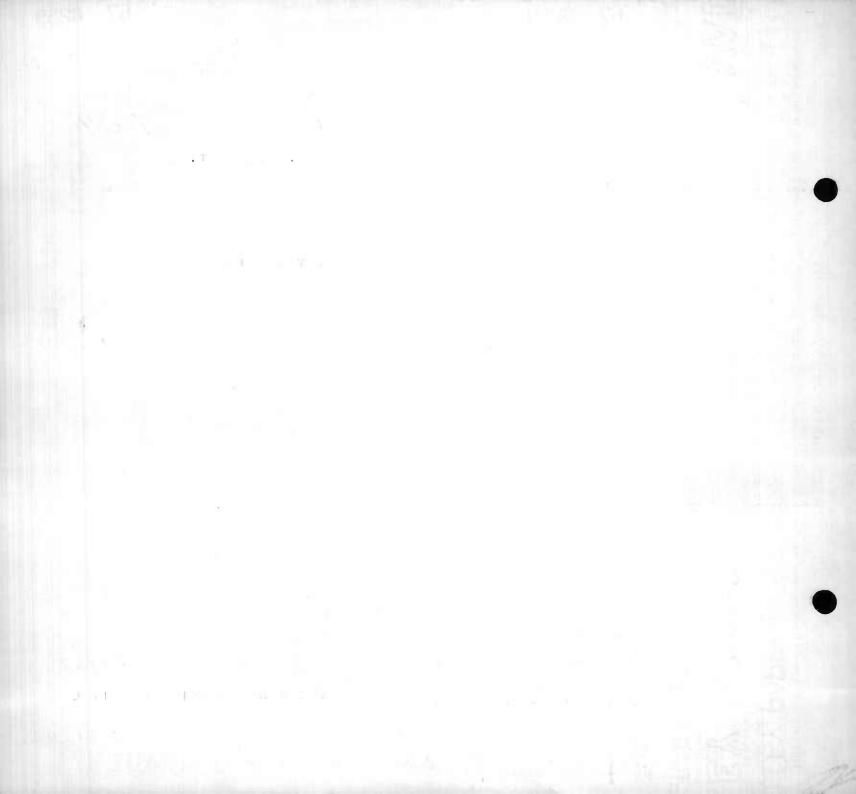
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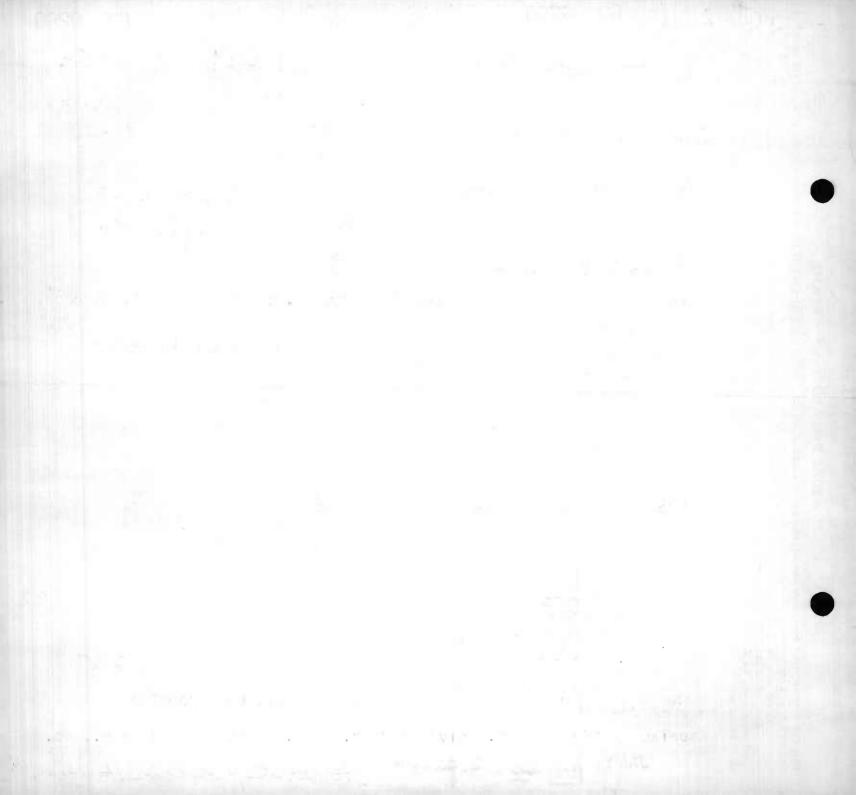
IMPORTANT

DIRECTOR:

FUNERAL



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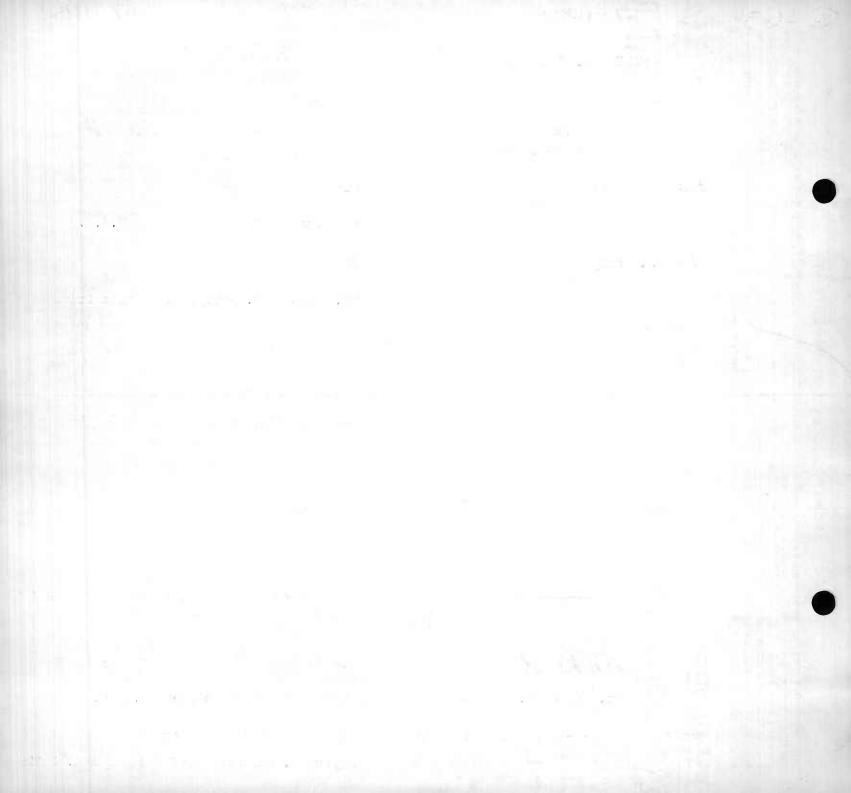
M.E. CASE NO.  1. NAME OF DECRASED  1. NAME OF DECRASED  1. NAME OF DECRASED  1. NAME OF DECRASED  1. NAME OF DEATH IN BALTIMORE, MARTLAND  1. NAME OF MOSPITAL OR Oddess or locofion)  1. STITUTIAGNES HOSPITAL  1. CATON AND WILKENS AVENUES  1. BALT IMORE, MD. 21229  1. SEK  1. BACE  1. MARRIED, NEVER MARRIED  1. DATE OF BIRTH  1. MOTHER'S MAIDEN NAME  MARY DEC 1.  1. MARRIED, NEVER MARRIED  1. MARRY LADDES (II musis, with RURAL ond give Identification of Married)  1. MARRY LADDES (II musis, with RURAL ond give Identification of Married)  1. MARRY LADDES (II musis, with RURAL ond give Identification of Married)  1. MARRY LADDES (II musis in U. S. 4 med forces?  1. MARRY LADDES (II musis in U. S. 4 med forces?  1. MARRY LADDE		I NO.	67 0263		TE OF DEATH	Registered Na	67 0261
FULL NAME OF HOSPITAL OR oddiess of locotion oddiess o	1.N	ME OF DECEASED		PH A	2, DATE AND A	ARY 6, 1967	8:45 P
BALT IMORE CATON AND WILKENS AVENUES BALTIMORE, MD. 21229  5. SEX MALE WHITE    ACCE   WILLIAM   ACCEPTION   ACCEP	F	JLL NAME OF	(If not in hospital or inst		MARYLAND COL	Pre deceased lived, If inst	
BALTIMORE, MD. 21229  5. SEX MALE OR RACE WHITE  10A. USUAL OCCUPATION (Give kind of work doine during most of working life, even if refired)  RETIRED  13. FATHER'S NAME  AUGUST DierkesDEC D  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO. 219-14-0845  17. INFORMANT  18. CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.  18. CAUSE OF DEATH  (C) A ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.  (C) A ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.	l.	TITUTIONES	HOSPITAL	VENUEC	BALT IMORE		URAL and give township)
MALE WHITE  TOA. USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  RETIRED  13. FATHER'S NAME  AUGUST DierkesDEC D  15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliation, etc. II means the disease, injury or camplication which coused deoth.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.  WHAT COUNTRY?  U.S. A. Mother's Malden NAME  MARY DEC D  17. INFORMANT  HOSPITAL SLIP-ST. AGNES HOSPITAL  INTERVAL BETWEE ONSET AND DEATH  (A) OCCUPATION (B) OCCUPATION (B) OCCUPATION (B) OCCUPATION (C) ONSET AND DEATH  (This does not mean the mode of dying, e.g., heart foliation, etc. II means the disease, injury or camplication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.  (C) OR A STATUTE COUNTRY?  U.S. A. MOTHER'S NAME  MARY DEC D  12. CITIZEN OF WHAT COUNTRY?  U.S. A. DISTANCE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S. A. DISTANCE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S. A. DISTANCE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S. A. DISTANCE (Stote or foreign country)  13. BRTHPLACE (Stote or foreign country)  14. MOTHER'S MAIDEN NAME  MARY DEC D  15. WAS Decessed Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  219-14-0845  HOSPITAL SLIP-ST. AGNES HORSON OF THE COUNTRY?  ONSET AND DEATH ON THE COUNTRY?  ONSE							215
done during most of working life, even if retired)  RETIRED  13. FATHER'S NAME  AUGUST DierkesDEC *D  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wor or dotes of service)  18.   CAUSE OF DEATH  INTERVAL BETWEE ONSET AND DEATH  (This does not mean the mode of dying, e.g., heart foliure, asthenia, etc. It means the disease, injury or camplication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  (C) A ANTECEDENT CONDITION lost.						9. AGE (In years last bighday)	If Under 1 Yı. If Under 24 Hr. Months Doys Hours Min.
AUGUST DierkesDEC D  MARY DEC D  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  18.   1		during most of working		KIND OF BUSINESS OR INDUSTRY		ign country)	WHAT COUNTRY?
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  (A) // B Carelial On failure  (B) DUE TO  (B) DUE TO  (C) A PROSTATO DEAT  (C) Carelial On June 1000 Consett and DEAT  (A) // Consett and DEAT  (A) // Consett and DEAT  (A) // Consett and DEAT  (B) DUE TO  (C) A PROSTATO CONSET AND DEAT  (A) // Consett and DEAT  (A) // Consett and DEAT  (B) Carelial On failure  (C) Carelial On f	(Yes	as Deceased Ever in no ar unknown) (If yes	n U. S. Armed Forces? s, give wor or dotes of s	service) SECURITY NO.		P-ST. AGNE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	U	LEADI (This does not medically foilure, asthering the complication of the complication of the complete of the	ING TO DEATH  on the mode of dying  itia, etc. It means the d  an which coused death  EDENT CAUSES  ONDITIONS, if any,  ive cause (A) statis  NDITION last.  IT CONDITIONS CONTR  BUT NOT RELATED  DITION [178. CONDITION]	g, e.g., disease, hh.)  giving ing the (C)  RIBUTING TO THE	minel de		INDINGS CONSIDERED
WAS PERFORMED    IN CERTIFYING CAUSES OF DEATH?	O	OR CONTRIBUTING	AS UNDERLYING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of			
21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While At Work	EDIC	OF INJURY		White At Not While		TURY OCCUR?	
22. I certify that (1) (this hospital) attended the deceased from JANUARY 2, 19 67 to JANUARY 6, 19 that (1) (we) last saw the deceased alive an JANUARY 6, 19 67 and that in (XX) (our) apinion death accurred on the and hour and from the causes stated above. (N) (We) (did) (d)(XX)(1) view the bady after death.		hat <b>X</b> ) (we) last s	saw the deceased ali	ive an JANUARY 6,	19 67 and th	19 67 ta JANUA not in (XX) (our) apin	ARY 6, 19 67 ian death accurred on the da
23A. SIGNATURE  M.D. Attending Med. Director Stoff Phys. X 1/06/67  23C. PHYSICIAN'S AVE. S. BALTO., MD. 21229		3A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	ref S/Al	MMM M.D. Atte	mding Med. S. Director STAVE	Stoff Phys. X	1/06/67 MD. 21229
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (S	244	BURIAL CREMATIO	N. 24B. DATE				
Burial 1-10-1967 Loudon Park Cemetery Baltimore, Maryland		urial	1-10-1967				
25A. DATE REC'D BY HEALTH DEPT.  258. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  Howard H. Hubbard, 4107 Wilkens Ave. 2  VS 150-REV. 1/1/65	L	JA	N 1 0 1967	On E Fallen			

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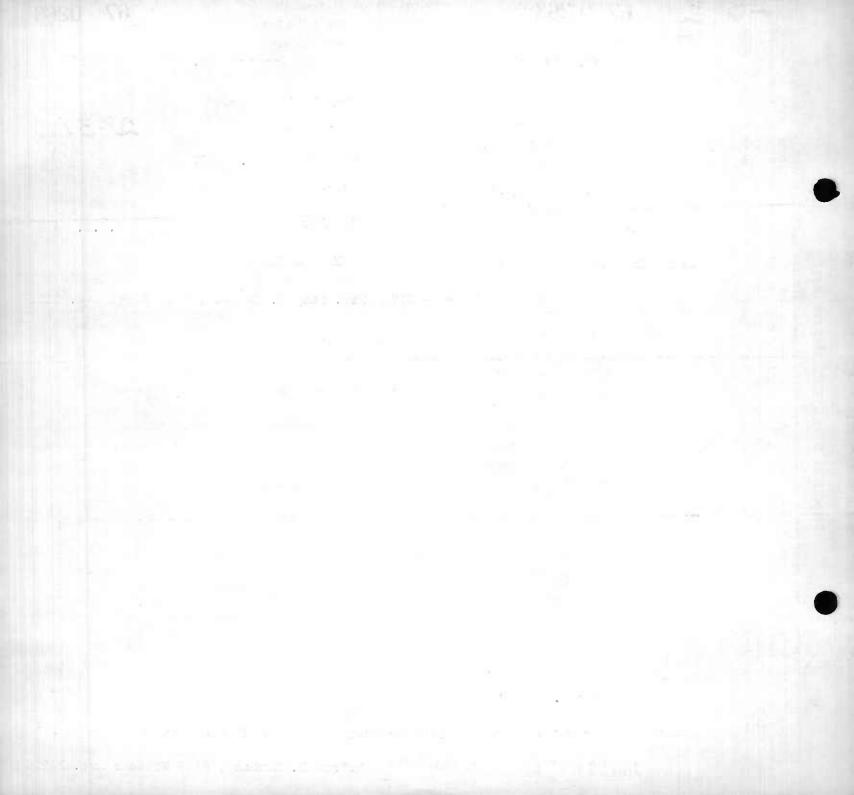
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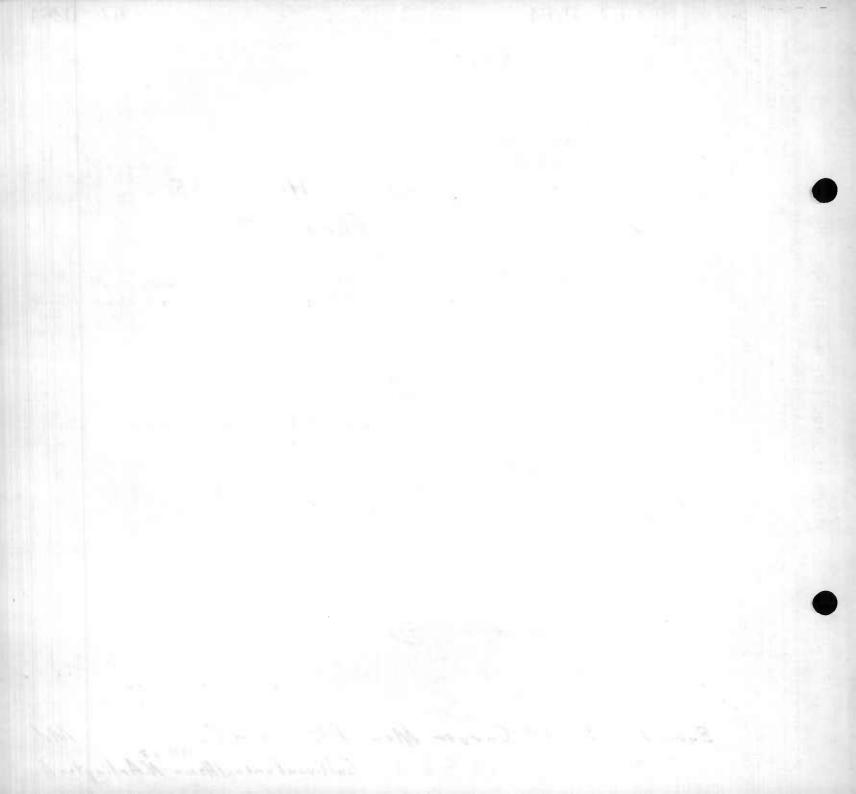
67 0262	BALTIMORE CIT	Y HEALTH DEPARTMENT		67	0262
IKIH NO.	CERTIFICA	ATE OF DEATH	Registered No.	01	ONUG
A.E. CASE NO. NAME OF DECEASED  Type or Print)  MAMIE C. GAR	FRELL		d Hour of DEATH ary 6, 1967	1	
PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (When		stitution: residence	before admissi
FULL MANE OF ME In landar	the state of	Maryland			
HOSPITAL OR oddress or locotion	or institution, give street	C. CITY OR TOWN (I) out	side city limits, write R	URAL and give to	wnship)
1327 Jame	S Street	Baltimore		21-0:	2_
	e, Maryland	D. STREET ADDRESS (IF	rural, give location)	91	
Baltimore	, haryland	1327 James	Street		
Female 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	8. DATE OF BIRTH 12-23-1893	9. AGE (In years last birthdoy) 73	If Under 1 Yr. Months Doys	If Under 24 h Hours Min
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	Baltimore, Mar		12. CITIZEN OF WHAT COL	INTRY?
3. FATHER'S NAME	I.	14. MOTHER'S MAIDEN NAM	ME		
John J. Barry		Maggie Cavan	augh		
5. Was Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRE	SS
Yes, no or unknown) (II yes, give war or date	s of service) SECURITY NO.		D 053		
		Mr. Michael F	. barry, 951		
18.199.21		OF DEATH			AND DEATH
DISEASE OR CONDITION DIR	RECTLY	and also		71.	
(This does not mean the made of	dving e.g. (A)	nouvojemumo	ww	200	yes
heart failure, asthenia, etc. It means	the disease,			2 da	
injury or complication which caused	dealn.)	real withiting		3,00	chai
ANTECEDENT CAUSES	DUE TO	nauchopeneumo maluntintian Carenama, ada	3 8 m m m m m m m m m m m m m m m m m m		~
DISEASES OR CONDITIONS, if	any, giving	Carlemana ada	204.0	254	po:
UNDERLYING CONDITION last.	(0)		Z.X.X		
O OTHER SIGNIFICANT CONDITIONS C					
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I 199. DATE OF OPERATION 198. CON WAS PERF					
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSI	DERED
Dec 1966	ravel obstruction	No			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CDEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact	location)
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY (APPROX)	While At Not Wh				
22		A	10 4- /	-4.1	1047
22. I certify that (1) (this hospital	1. 15		19 to		196.7
that (1) (we) last saw the decease	11 111	1967 and the	at in (my) ( <del>our)</del> apii	nian death accu	irred on the
and hour and from the causes stat	red abave. (1) (We) (did) (did not)	view the bady after death.			
23A. SIGNATURE	lus M.D. A	ttending Med. Director	Stall Phys.	7 Jan	U67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		10	
Dr. Herman	H. Baylus M.C	1600 Wilkens	Avenue, Ba	lto., Md.	
4A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of C			ty, town, or county	y) (State
REMOVAL (Specily)					
Burial 1-9-196			timore, Mar		DRESS
JAN 1 0 1967	258 NAME OF REGISTRAR	Hovard HO Hul	bard, 4107		

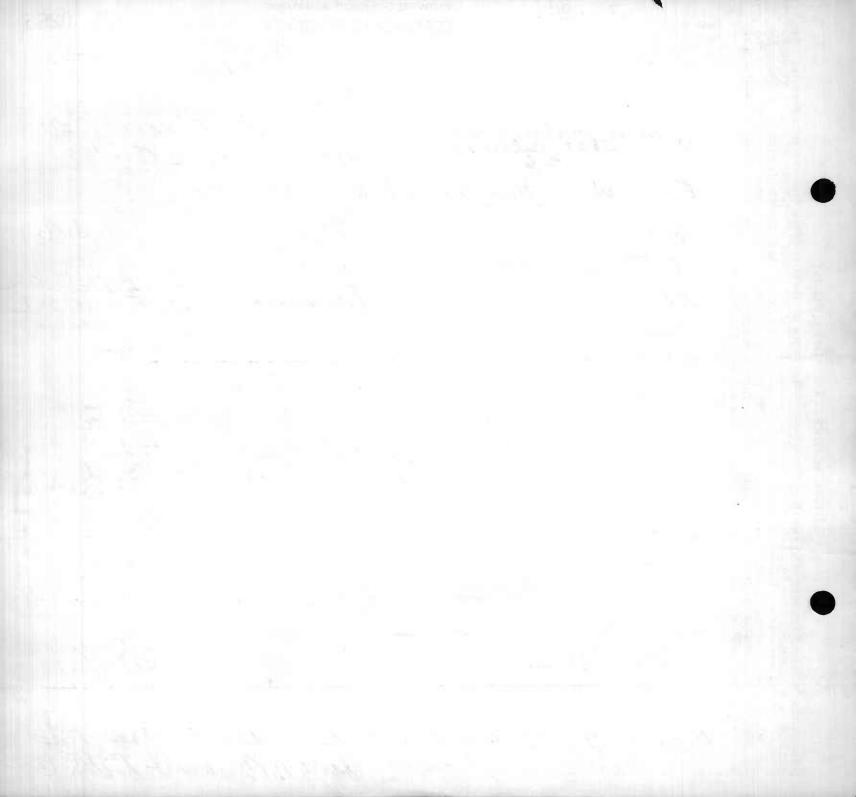


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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	H NO.	0.500		CERTIFICA	TE OF DEAT	H Registered No.	01 06(0)
	AME OF DECEASED				DAT	E AND HOUR OF DEATH	
	e or Print)		no mol			nuary 6th, 196	
3. P	PLACE OF DEATH II	MOCK, Rich	RYLAND				nstitution: residence before odmission)
					A. STATE B. C	COUNTY	
	TULL NAME OF	(If not in hospital oddress or location		give street	Maryland c. city or town		
	NSTITUTION				C. CITY OR TOWN	If outside city limits, write	RURAL and give township
		t Agnes Ho			Baltimore D. STREET ADDRESS	(If turol, give location)	20-51
4	PO Cato	n & Wilker	ns Aves	21229	100		
-	FV 14 6 8	65	17 AAARRIED	, NEVER MARRIED	4610 Ridge	Ave. 2127	1 16 11-1 1 2 2 2 16 11-1 2 24 11-1
. S	EX 6. RA	CE		D, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		Mite	Marrie	- 14	7/2/1899	67	
	. USUAL OCCUPATI   during most of working		KIND O	F BUSINESS OR INDUSTRY	- W	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired				New Jersey		U.S.A.
3.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Aaron Ham	mook			Fannie Wi	llson	
5 1	Was Deceased Ever		?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	s, no or unknown)   iii ye	es, give wor or dote	es of service)	SECURITY NO.			
				216-18-0099	Mrs. Mary L.	Hammock, 461	0 Ridge Ave. 21227
	1B.	VI		CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF	CONDITION DI	RECTLY	0	3.4		
		DING TO DEATH		(A).	end thorax	aostre	
	(This does not m heart foilure, osthe			DUETO		aostra	
	injury ar camplico			` \.	11 1 11		
	ANTE	CEDENT CAUSES		(B)	proper up	o race and	NY 2-W
	DISEASES OR C	ONDITIONS, if	ony, giving	Due 10			
	rise to the ob		sloling the	(C)	***************************************	***************************************	
	UNDERLYING CO	NDITION last.					
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ATION		BUT NOT RELA	ATED TO TH				
		DITION CAUSING		WHICH OPERATION	120A ALLTOREYZ (Voc	or No. 208. IF YES, WERE	ENDINGS CONSIDERED
ERTIFIC	TYA. DATE OF OPE	WAS PER	FORMED	WHICH OPERATION	ZOA. AUTOPST! (Tes	IN CERTIFYING CA	USES OF DEATH?
CER	ZTA. ACCIDENT W	AC LINDERI VINC	7 /215	PLACE OF INHIBATION	a at about 21 C WHERE D	ID III in Poblemen	- City A land 5 A
7	OR CONTRIBUTING	CAUSE OF	hon	B. PLACE OF INJURY le.g., ine, form, foctory, street, o	ffice bldg., INJURY OCCU	R?	e City, give exact location)
CA	DEATH (notify medi	col exominer)	etc	.)			
ED	21 D. TIME (Moi	nth) IDoy) (Year)	Hour 216	INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
Σ	(APPROX.)		WH	hile At Not Whi			
	00 1 1/ 1	(1) (-1)					
	that (I) (we) lost	saw the decease	ed alive on	ang an nº amaman nº + nên ang on en c c c c c c c c c c c c c c c c c c	19ar	nd that in (my) (our) api	inion death occurred on the dat
	and hour and from	n the causes sta	ted above. (	I) (We) (did) (did nat)	view the body ofter de	ath.	
	23A. SIGNATURE		4 0				23B. DATE SIGNED
	Alone	V. del	fler	M.D. Att	ending Med. Director	Stoff Phys.	1/8/67
	23C. PHYSICIAN'S		8	1,	23D. ADDRESS	.,	
	NAME (Type)	Jaime V.	Del Pil	ar M.D.			
244	DIDIAL CREATAN			AME of CEMETERY of CR	ENANTORY	ID LOCATION (C	ike town as asset to the control of
4 14	REMOVAL (Specify	()	-				ity, town, or county) (State)
	Burial	1-9-196	10	oudon Park Cem	etery	Baltimore, Mar	Tyland
25A	. DATE REC'D BY H	EALTH DEPT.	258. NAME	OF REGISTRAR	250 FUNERAL DIRE		ADDRESS
	JAI	N 1 0 1967	( Post	8 tailey MA	Howard H. H	lubbard, 4107 N	Wilkens Ave. 21229
	3714						



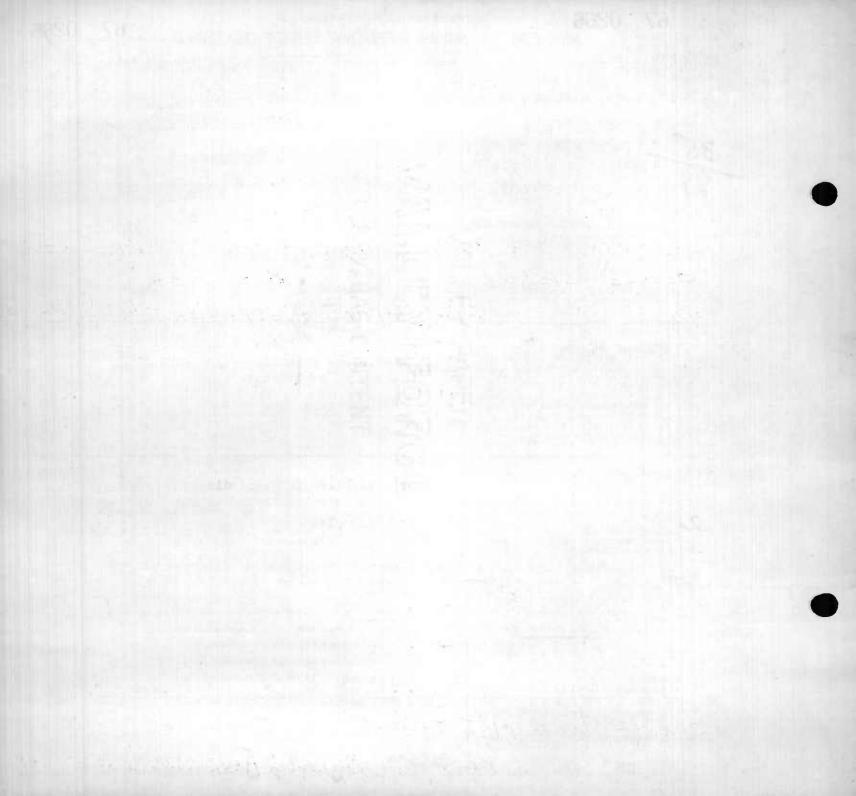




C-230 BIRTH NO.

## 67 0266 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0266

M.E. CASE NO.	
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
PETER CIEKOT	January 5, 1967 9:10 P M.
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  Maryland  Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
John L. L. C. H. L. J. (DOA	Baltimore  D. STREET ADDRESS (If rorol, give locosion)
Church Homes & Hospital (DOA	1
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	613 S. Kenwood Avenue  B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
Male White WhowED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.  48
OA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF
one during most of working life, even if relired)  A.C.  A.C.  3. FATHER'S NAME	MARYLAND WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME
GEORGE CIEKOT	JOSEPHINE SABA
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (res, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 218-07.64	MRS. ANETTA CIEKOT 613 S. NENLOOL
1B. 0 3 , 0 , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	roulous plauritis with cardina
(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	rculous pleuritis with cardiac amyloidosis
ANTECEDENT : CALICEE	
ANTECEDENT: CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	***************************************
OTHER SIGNISIS AND CONTRIBUTING	
THE SIGNIFICANT CONDITIONS CONTRIBUTING	riosclerotic heart disease
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes  20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
✓ 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in the contribution of	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK AT AT WORK	WHILE
22.	opsy ond that on this basis, death in my opinion
resulted from: Notural causes X Accident Suicide	
Accident Solicion	CHIEF MEDICAL EXAMINER
ACTUAL Charle J. J. J.	ASSISTANT MEDICAL EXAMINER X
SIGNATURE	ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	January 6, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY O	
BupiAL TAN 10 1961 ST STANISH	AUS (FM BALTIMORE MD.
AA. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
LANGE DO BY G FARMA	RAYMONDOL AACTOROWSKI 2525 FLEET
15 151-REV. 1/1/65	A MANANA PACTOLONS II ASAS I YEEL

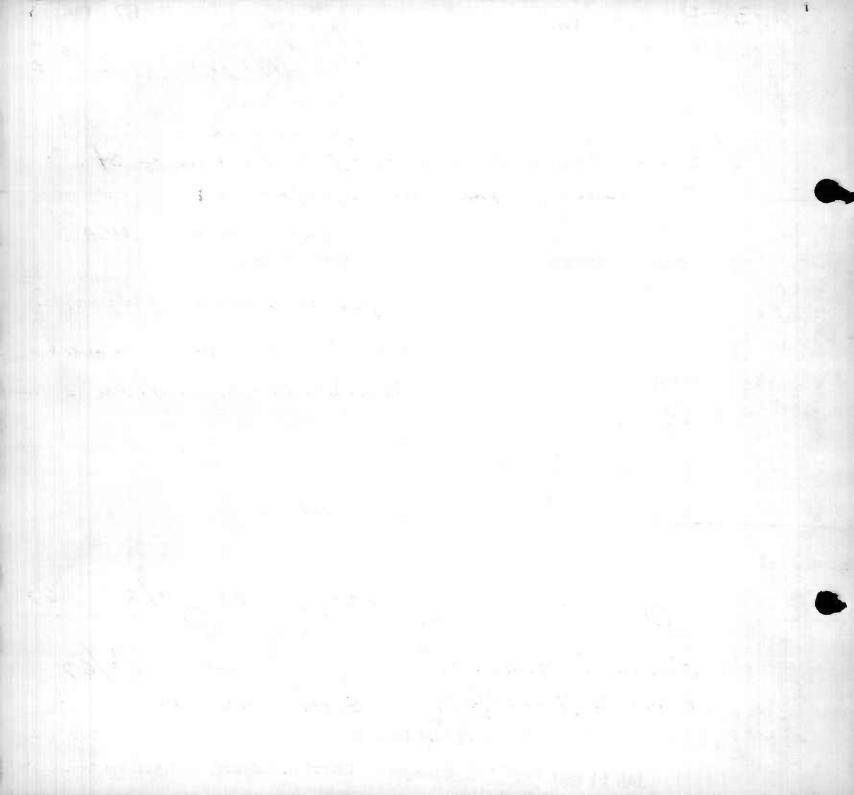


IMPORTANT

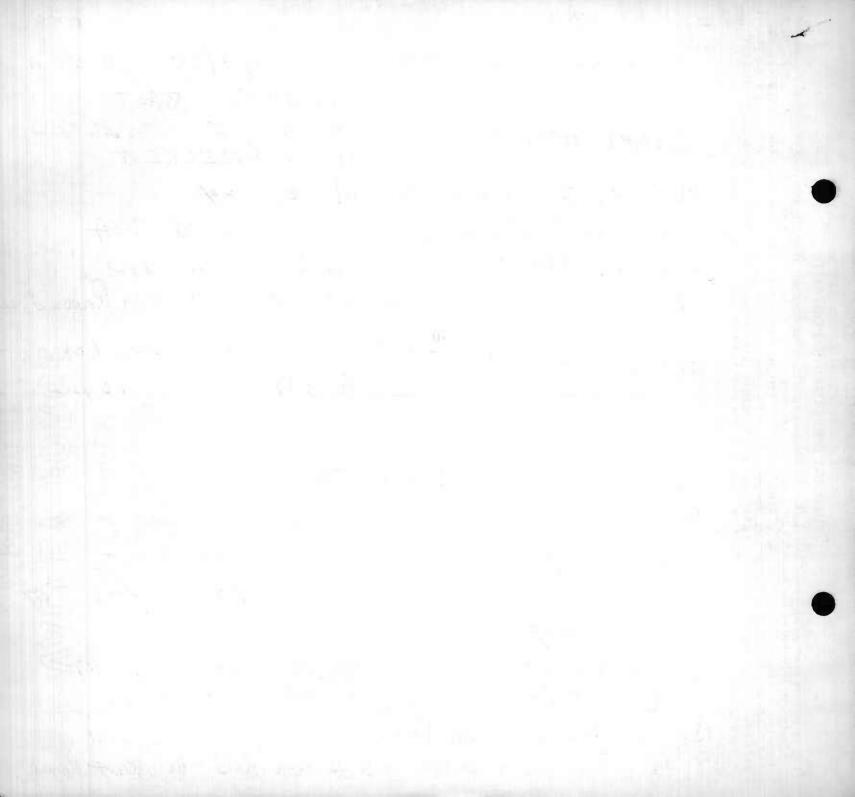
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



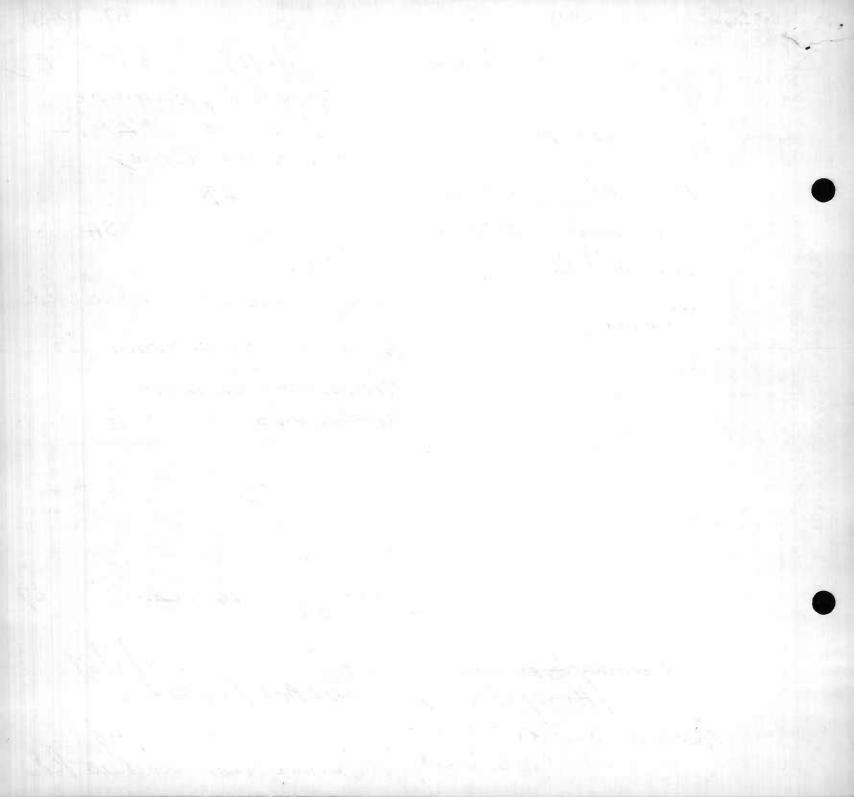
11	ET 0200	BALTIMORE C	CITY HEALTH DEPARTMENT		
	RTH NO. 67 0268	CERTIFIC	CATE OF DEATH	Registered No.	67 0268
(Ту	NAME OF DECEASED  PLACE OF DEATH IN BALTIMORE, N	T MILTON	14. USUAL RESIDENCE (When	D HOUR OF DEATH	11:55 Am
	FULL NAME OF (If not in hospit HOSPITAL OR oddress or loco INSTITUTION	of or institution, give street	MARYLAN	TY Side city limits, write RU	LT
4		OSP OF BALT	D. STREET ADDRESS (III)	RE Wrol, give location) OSECRE	27-20 EST AUG
5.	SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	A. USUAL OCCUPATION (Give kind of wine during most of working life, even if refired		TRY 11. BIRTUPLACE (State or lore)	on countly)	12. CITIZEN OF WHAT COUNTRY?
	Lamuel Qu	Chert	14. MOTHERS MAIDEN NAM	Kaufmi	an
	Wos Deceosed Ever in U. S. Armed I es, no or unknown) (If yes, give wor or d	oles of service) SECURITY NO. 578-05-7283	3) NN augusta	alkect-4	004 Recresto
	DISEASE OR CONDITION I	DIRECTLY	YOCARDIAL	- INFARCTIC	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode heart failure, asthenia, etc. It mea injury or camplication which cous ANTECEDENT CAUS	ns the disease, ed deoth.)	ASH D	1147 1110/110	10405
	DISEASES OR CONDITIONS, in rise to the obove couse (A UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	LATED TO THE	BETES		
ERTIFICA	19A. DATE OF OPERATION 19B. CO. WAS P.	ONDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e. home, lorm, foctory, street, etc.)	g., in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		21F. HOW DID INJ	URY OCCUR?	/
	22. I certify that (I) (this haspit that (I) (we) lost sow the decea	. / -		967 toat in(my) (aur) oplnie	on death accurred on the date
	ond hour and from the causes s	tated above. (1) (We) (did) (did not	Attending Med.  Orrector	Stoff Phys.	3B. DATE SIGNED
	23 C-PHYSICIAN'S NAME (Type)	DOTT M	23D. ADDRESS	HOSP.	TAC
1	REMOVAL (Specify) JON 8	67 ankle Emel	rah 19	allemne	town or county) (State)
	JAN 11 1967 ()	258. NAME OF REGISTRAR	Sol Journey of	Riss - 6010	Rust Road



IMPORTANT

FUNERAL DIRECTOR:

	67 11	269	CEDTIEICA	TE OF DEATH	Registered Na.	0/	U259_
BIRTI	H NO. 17 U.C.	17 12 0					
	CASE NO.		Z Z		NO HOUR OF DEATH	- 57	
	e or Print)	with	Mara F	2. DA JE /	NO HOUR OF DEATH	023	0
. PI	LACE OF DEATH IN BALTIM	ORE MARYLAND	MANION, F.	4. USUAL RESIDENCE (W	bee deceased fixed If in	n stitution: residence	hefore admission
	EACE OF DEATH IN DALING			A. STATE B. COL	NTY /	11'	
	ULL NAME OF (If not in	n haspital ar instit	ution, give street	marylo	and, 130	altimor	e
	OSPITAL OR oddress	or focation)	. 0	C. CITY OR TOWN (IF	outside city limits, write	RURAL and give to	wnship)
	12 5. 40.	Hos	- airlad	Balti	more	21-	160
1	+0, 3/10/	N 03	pro	D. STREET ADDRESS	f rural, give location)	6.	
		2-1-2		4516 Gar	den VI	-140/	
. SI	EX 6- RACE		RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Days	If Under 24 H
	FW	WIL	OWED, DIVORCED (specify)		last birthday)	retonnis Doys	riours roun.
٥A.	USUAL OCCUPATION (Give I	kind of work 10B. KI	NO OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	i
one	during most of working life, even	retired)	2 1/2 22	AV		WHAT COU	NTRY?
	Mouseur	e a	Horne	Mussia		WA	-
3. F	ATHERSTNAME	- 1		14. MOTHER'S MAIDEN N	AME		
	morres T	- ointe	U	(Penal?			
	Vas Deceased Ever in U. S.		1 6. SOCIAL	17. INFORMANT		ADDRE	ss o
Yes,	no or unknown) (If yes, give w	war or dates of se	SECURITY NO.	Im Na ala	ettel - 33	Rose Gas	, NO
	NO		145-01-0084	f 11h Vauc 1a	elle - 55	or ware	tra
	18. 420.11		CAUSE	OF DEATH			AL BETWEEN AND DEATH
	DISEASE OR CONDI	TION DIRECTLY		2 1 -1	171	1.	
	LEADING TO	DEATH	(1)	cutto Muncar	dia/ Inta	noton	
	(This does not meon the		e.g., DUE TO	V. 24			
					0/		
	heart foilure, osthenia, etc.		seose,		die/Inta		
	injury or complication whic	h coused deofh.)	seose,	rteriosderatec	Viseaso Cardiovascul	ar	
	ANTECEDENT	caused deofh.	(B) DUE TO	rteriosderatic	Oiseaso Cardiorascul	ar	*******************************
	ANTECEDENT DISEASES OR CONDITIO	ch coused deofh.)  CAUSES  ONS, if ony,	(B) DUE TO	rferiosderatic	Uiseaso Cardiorascul	(ar	***************************************
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TION	Injury of complication which ANTECEDENT DISEASES OR CONDITION TISE TO THE ABOVE CONTROL OF THE SIGNIFICANT CONDITION TO THE DEATH BUT N	CAUSES  DNS, if ony, use (A) storing last.  DITIONS CONTRIENT RELATED TO TRELATED TO THE CAUSE A CONTRIENT	giving (C) A	rferiesderatic vterioseknois	disease Cardiorescul	(ar	
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L CERTIFICATION	Injury of complication which ANTECEDENT  DISEASES OR CONDITION rise to the above can underlying condition of the significant condition to the Death but he disease or condition conditions condi	CAUSES  ONS, if ony, use (A) sforing last.  OITIONS CONTRIBUTED TAUSING IT.  1198. CONDITION WAS PERFORMED	giving the (C) GUTING O THE  TORWHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, or the street, or th	20A. AUTOPSY? (Yes or	Cardio vascu)	FINDINGS CONSU	01
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	0000	BALTIMORE CITY	HEALTH DEPARTMENT		67	0000
	тн но. 67 0270	CERTIFICA	TE OF DEATH	Registered No	07	02/0
M.	E. CASE NO. NAME OF DECEASED			HOUR OF DEATH		
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3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	EWIC	4. USUAL RESIDENCE Who	deceased lived. If in-	titution: residen	Se before admission
			A. STATE B. COUN	Y	mondia residen	00 001010 001103310117
	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddiess or location)	e streol	ma			
	HOSPITAL OR oddiess of locotion) INSTITUTION		C. CITY OR TOWN (If out	ide city limits, write R	URAL and give	township)
Ş	D		(Julto	4	61-	0/
6	Sniversity Hospital			oral, give location)		
			901 W. Ba	re St -	2/23	20
. :	SEX 6. RACE 7. MARRIED, NE	EVER MARRIED DIVORCED (specify)		. AGE (In yours	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
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	unknown		Much	ww		
5.	Was Doceased Ever in U. S. Armod Forces?	6. SOCIAL	17. INFORMANT		ADD	RESS
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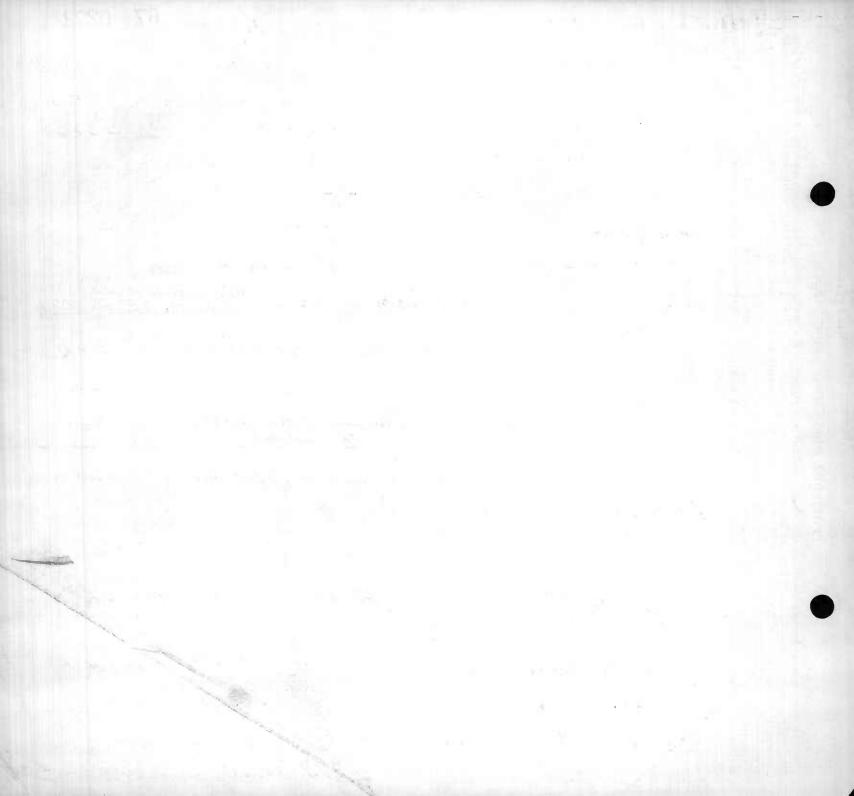
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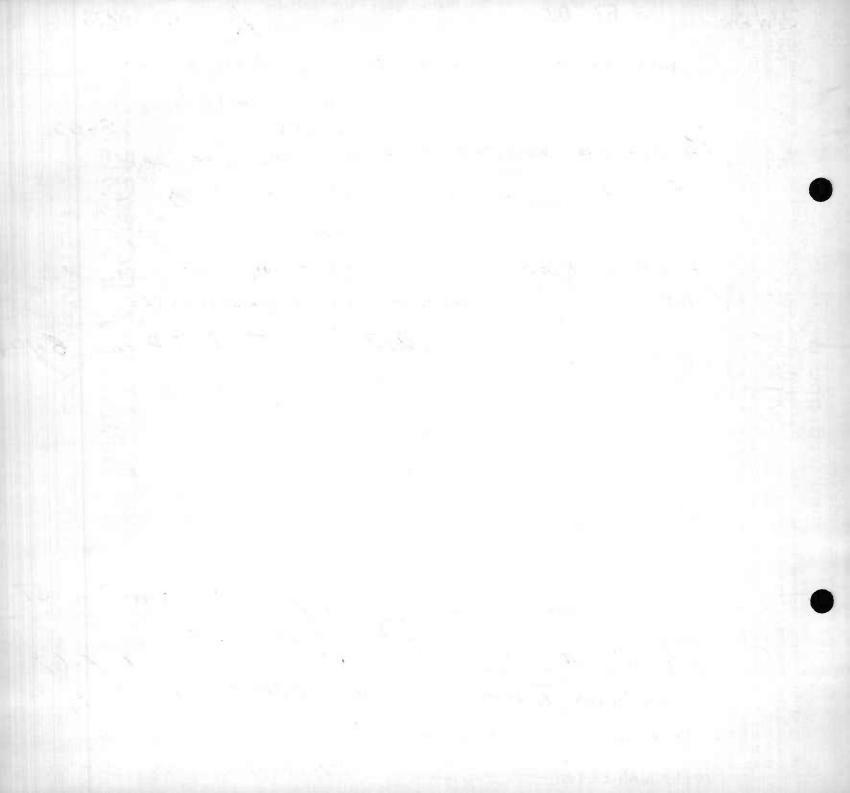
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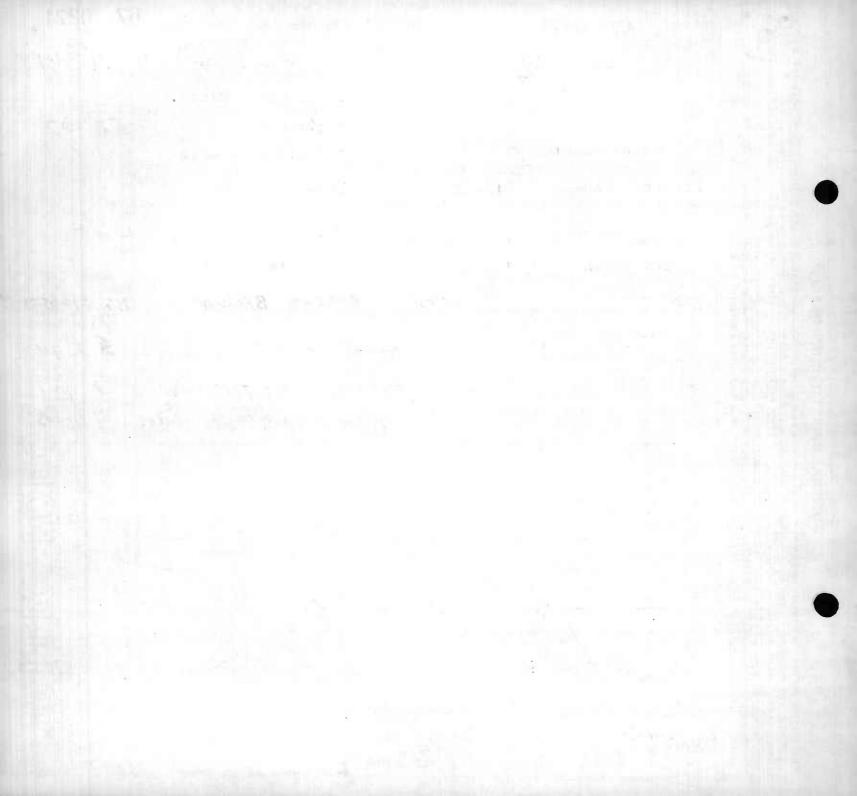
FERRICAL CREDITION CONTROL PROPERTY CONTROLS & CONTROLS

VS 150-REV, 1/1/65





BIRTH NO. 67 0274	CERTIFICA	TE OF DEATH	Registered No.	01 00
M.E. CASE NO. DI UZITA	CERTIFICA		AND HOUR OF DEATH	E.J
Type or Print) Kalen Brown	V	Land	8 1967	17=
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (V.	here deceased lived. If in	nstitution: residence bel
FULL NAME OF (If not in hospital or institution,	. give street	MARYLAND	BALTO . (	(In
OSPITAL OR oddress or location)	, 3	C. CITY OR TOWN (IF	outside city limits, write	
33		D. STREET ADDRESS	(If rural, give location)	53-6
JOHNS HOPKINS			STON ROAD	
5. SEX   6. RACE   7. MARRIEI	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , II
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10A. USUAL OCCUPATION (Give kind of work 10B, KIND (dane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
Jane during most of working the, even it remedy		MD		USA
FATHER'S NAME		14. MOTHER'S MAIDEN	IAME	
ROBERT BROWN		LORETTA	KREPPS	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown] (II yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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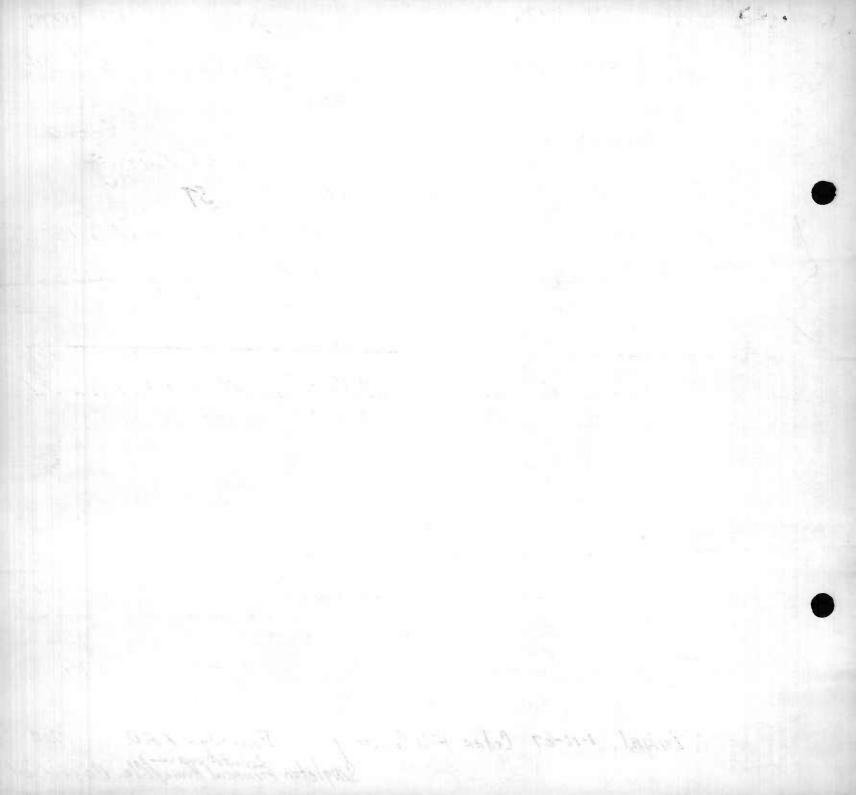


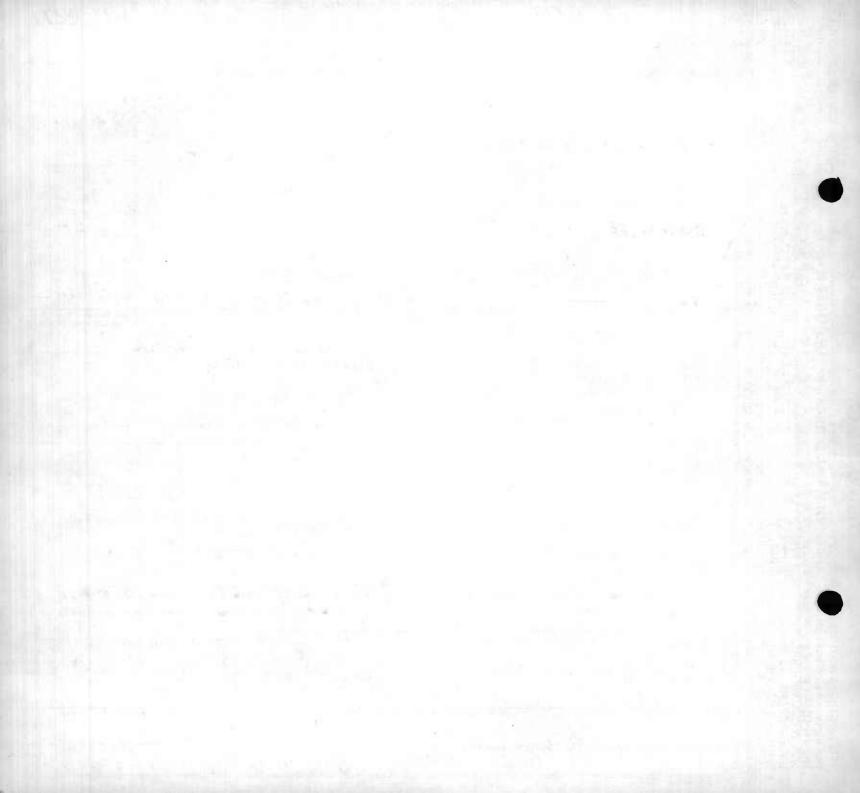
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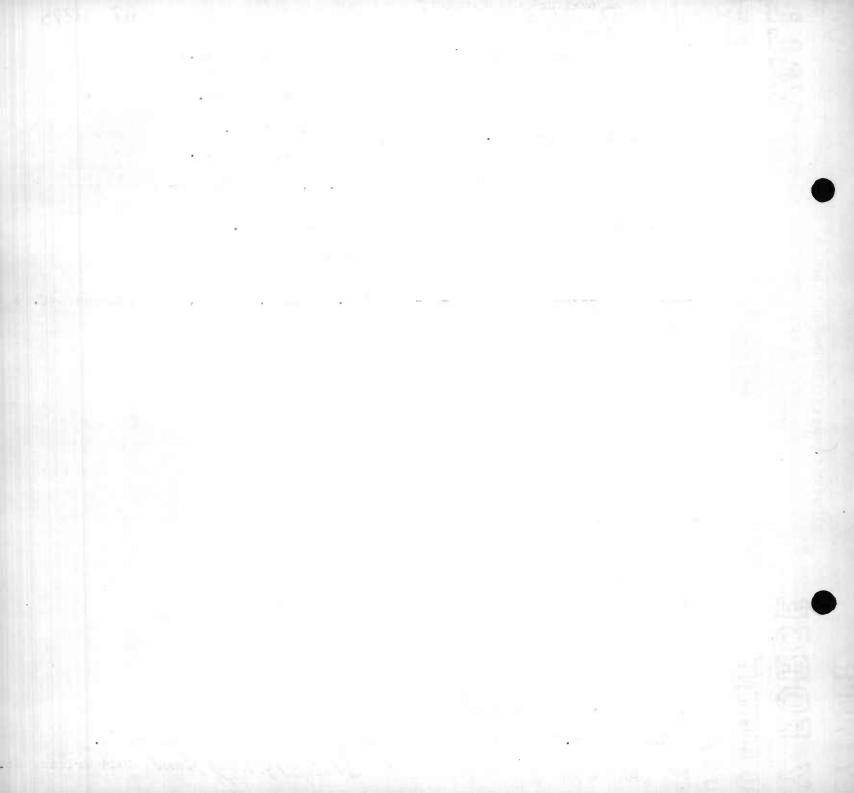
DIRECTOR:

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(ype or Print) (OSEPH D	RAINE	2 1	110/67	1	12:40
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA, STATE B, COU	ere deceased lived, If in	nstitution: reside	nce before odmis
		identi to D	NII		
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)	give street	MARYCANY	Tantile state the tan of the	BUBAL	1:0
INSTITUTION		And the second	utside city limits, write	KUKAL ONG GIV	e township)
CHURCH HOME +	HOSP.	D. STREET ADDRESS (	f rural, give location)	60	/
2				-TCan	5
(3)		411 N. ST.		ST (24)	
SEX 6. RACE 7. MARRIED, WIDOWEI	, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	- If Under 1 Y Months: Doy	r. If Under 24 s Hours M
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- CALLEY 2 MAINE					
CHAPLES RAINER		MARY	KAUSE		
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18. 420,11	CAUSE O	F DEATH			RVAL BETWEEN ET AND DEATH
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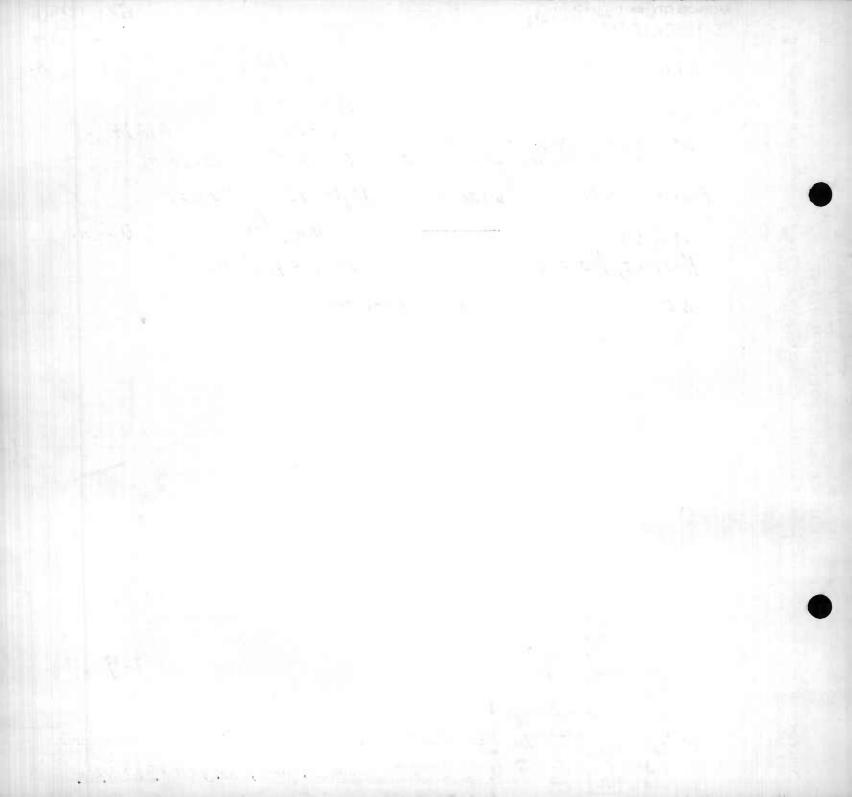
CHARLES PAINER MARY KAUSE

AUTHORN GROWN IN

Francisco Barrey J.

a hospital and

0	67 0280	CATE OF DEATH Registered No.	67 0380
	M.E. CASE NO.  1. NAME OF DECEASED,	2. DATE AND HOUR OF DEATH	
	Chitchill, Mary	1/4/67	1 A.M
	3. PLACE OF DEATH BY BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street	Mary Land	
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
4	Worth Charles General Hospital	D. STREET ADDRESS (II, rurol, give Ipcotion)	121401-06
1	2714 N. Chas. St. 21318	2304 Echodale ac	0,
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8, DATE OF BIRTH 9, AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	TRY 11, BIRTHPLACE (Stote or foreign country)	12, CITIZEN OF
	done during most of warking lite, even if retired)	M 0. 1	WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S. A.
	Hawking Martin	Feebley Ella	
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
II'	(Yes, no or unknown) (If yes, give war or doles of service)  SECURITY NO.  218-07-841	4-A chart	
ľ	18, / 20 / 41 260 X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A. T. busantil al. T.	
	(This does not mean the made of dying, e.g., DUE TO	Acute projection I franken	
	hearl failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	Therent and the T More	
	ANTECEDENT CAUSES  (B)  DUE TO	Vo Maria	••••
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
	UNDERLYING CONDITION last.		***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		4
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	letis helities; long- stristy	*
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No) 20B. IF YES, WERE F	INDINGS CONSIDERED
	U 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID (If in Baltimore	City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, DEATH (notify medical examiner)	office bldg., INJURY OCCUR?	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not V	21F. HOW DID INJURY OCCUR?	
	(APPROX.)  While At   Not V Work At W		
1	22. I certify that (1) (this hospital) attended the deceased fram	1-8 1967 10 /-	8 1967
	that (1) (we) last saw the deceased alive on	-9 19 6 7 and that in(my) (aur) apin	ian death accurred an the date
	and haur and from the causes stated abave. (1) (We) (did) (did not	) view the bady after death.	COR DATE CICHED
	March A Phan M.D.	Attending Med. Stoff	23B, DATE SIGNED
	23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	1-9 0/
	ANGECITA A - TOPPIN M.	o. hc 2H. Barg.	hol.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (Cit	y, town, or county) (Stote)
	Burial 1/12/67 New Cathedral	(emetery Baltimore	Maryland
	JAN 11 1967 (1) 258, NAME OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS
	JAN 11 1967 (1) Centre & tarbeights	John A: Moran Inc. 3000 E	Balto, St.



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Ma	Out Car

111	TH NO.	WEL	DICAL EX	CAMINER'S CI	ERTIFIC	ATE OF L	<b>EATH</b> Registe	red No.	
1.	NAME OF DE	EASED	<u> </u>			2. DATE ANI	D HOUR PRONOUNC	ED DEAD	
i i y	pe or Frinti	Pablo	Organ				1/	9/67   8:40	a. M
		IMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL R	Maryland	deceosed lived. If inst B. COU	itution: residence before INTY	odmission)
HC	LL NAME OF DSPITAL OR STITUTION	ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	C. CITY OR	TOWN (If outside		2-03	nship)
	00	1610 Chalas	Ct		D. STREET A	ADDRESS (If rurol,	give location)		
5.	SEX	1610 Shakes		NEVER MARRIED	B. DATE OF		hakespeare S	If Under 1 Yr. If Ur	der 24 Hrs
,	male	white	WIDOWED,	Married		25,1901	9. AGE (In years lost birthdoy)	Months, Doys, Hou	
10/	A. USUAL OCCI	JPATION (Give kind of wo	ork 108. KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLA	CE (State or foreign		12. CITIZEN OF	Y?
	Reti	red	Stand.	Radiater		oland		Peland	
13.	FATHER'S NAM				14. MOTHER	S MAIDEN NAME			
15.	WAS DECEASE	John Orga		16. SO CIAL	17. INFORM A	Barbara	Qualek	ADDRESS	
		(If yes, give wor or do		SECURITY NO. 103-22-4131			500 S. rgan Balto	Macon St 0.,21224, N	d.
CERTIFICATION	(This does in heart foilure, injury or con DISEASES RISE TO TH UNDERLYIN	SE OR CONDITION I LEADING TO DEAT LEADING TO DEATH BUT NOT RE	H  of dying, e.g., s the disease, I deoth.)  ES  ANY, GIVING STATING THE  .  S CONTRIBUTIN ELATED TO T	(B)		emphysema	vascular di	sease	
CERTI	19A, DATE OF			WHICH OPERATION	20 A. AUTO	DPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?	D = 0000000 = 00000 = = =
EDICAL		CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i form, factory, street, o	n or obout 21 ffice bldg., IN.	C. WHERE DID (	If in Boltimore City, gi	ve exact location)	
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	V	HILE AT NOT WORK AT WE	WHILE	F. HOW DID INJU	RY OCCUR?		
	ACTUAI SIGNAT EXAMIN	URE WEST	ush.	ccident Suicide	CHIE		AMINER X		IGNED
RE	NAME (TAL CREATE NOVAL (Specify Burls	23B. DATE 1 1-11	-67.	Mt. Carmel	Ceme	tery 57	CATION (City,	town, or county) Bal	(Stote)
24		JAN 11 1967		of registrar	Cook	NERAL DIRECTOR	Teiler Bal	s. Conkli	
VS	151-REV. 1/1/	65	e	0 / 6	- July	7	1	, , , , , ,	1144

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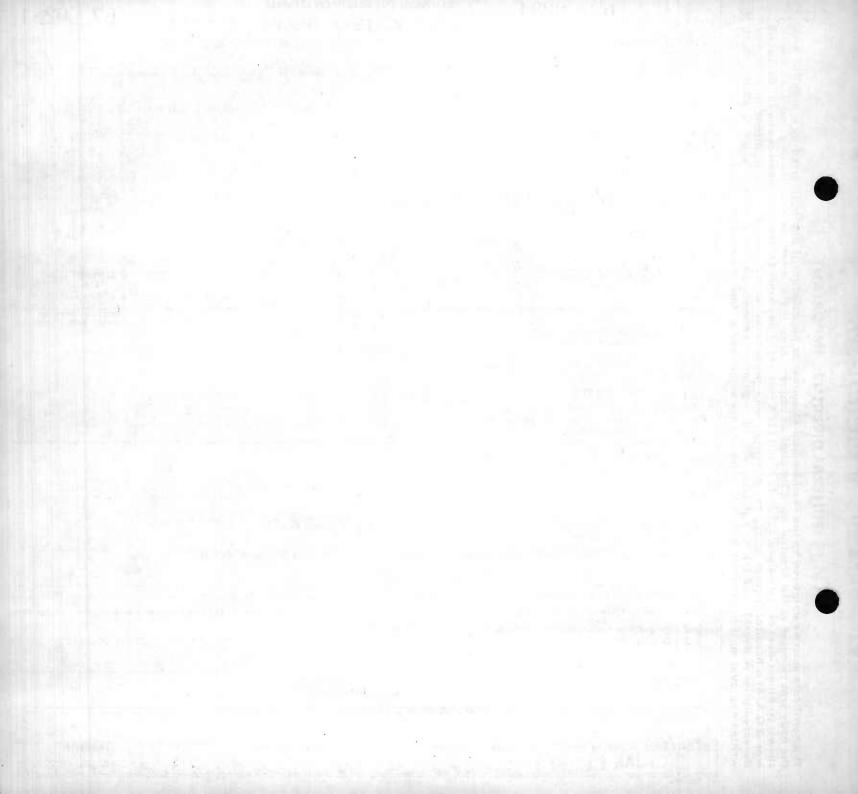
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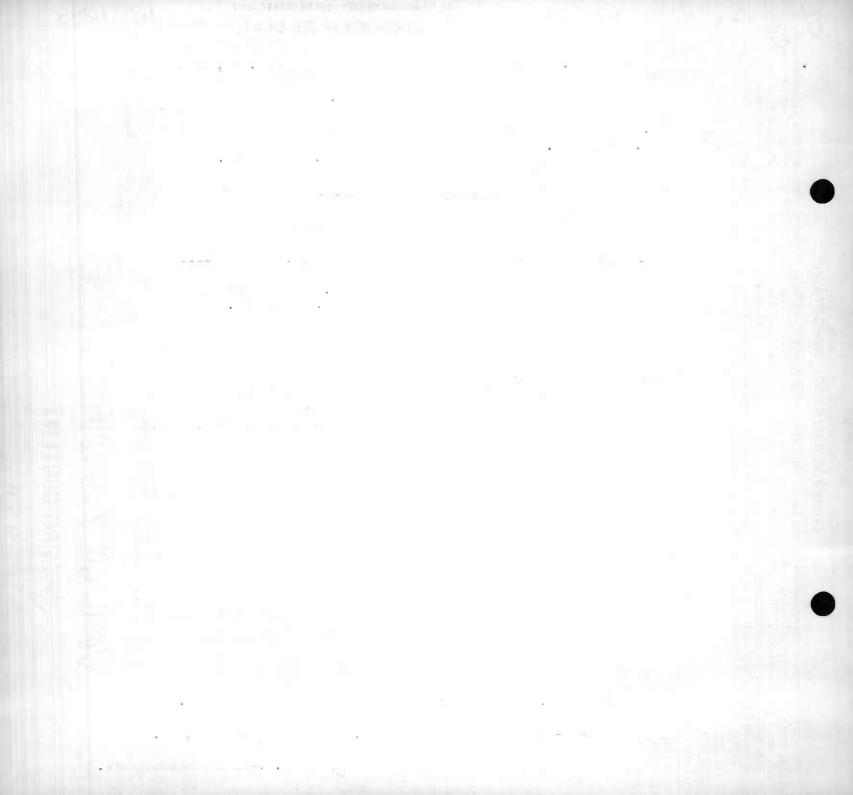
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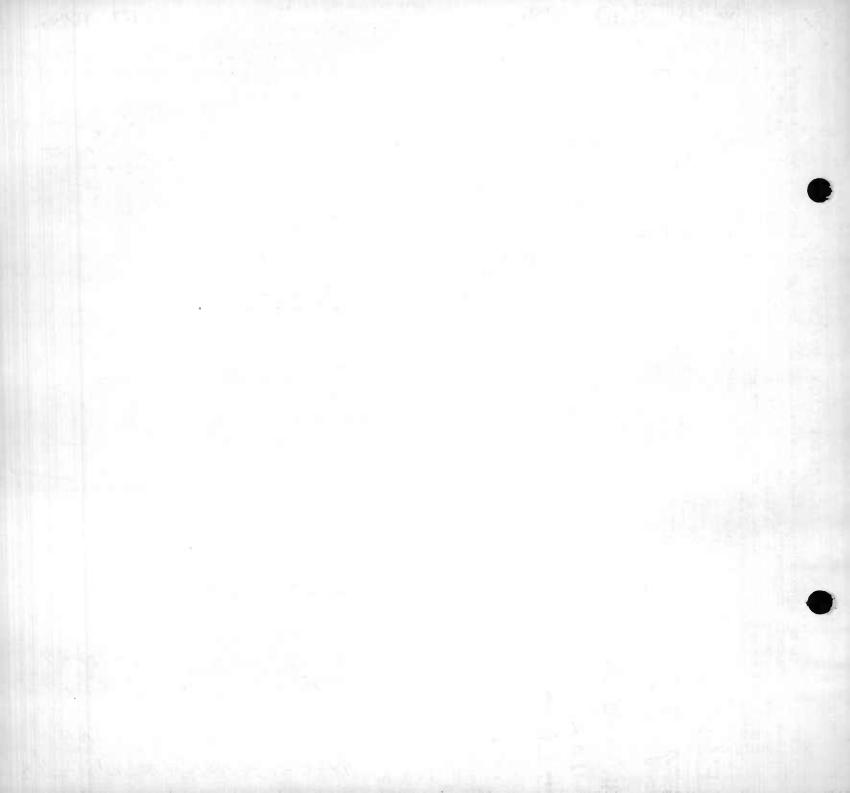
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) (If outside city limits, write RURAL and give township) tf Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Bottimore City, give exact location) ....ond that in (my) (our) opinion death accurred on the date 238. DATE SIGNED (City, town, or county) ADDRESS F.D. 44101 Edmondson Ave.

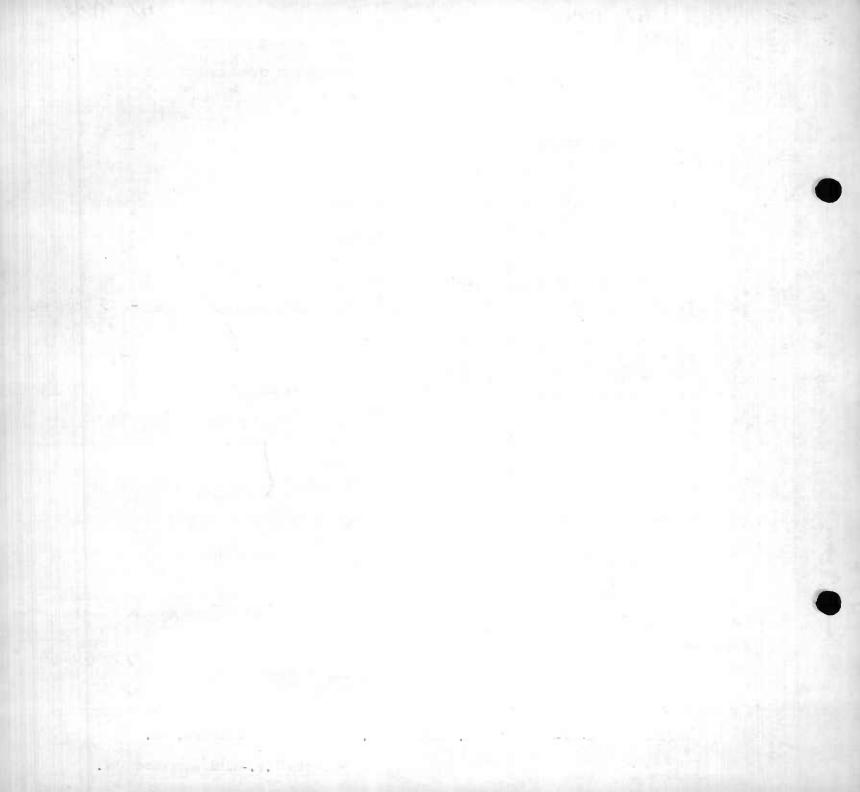


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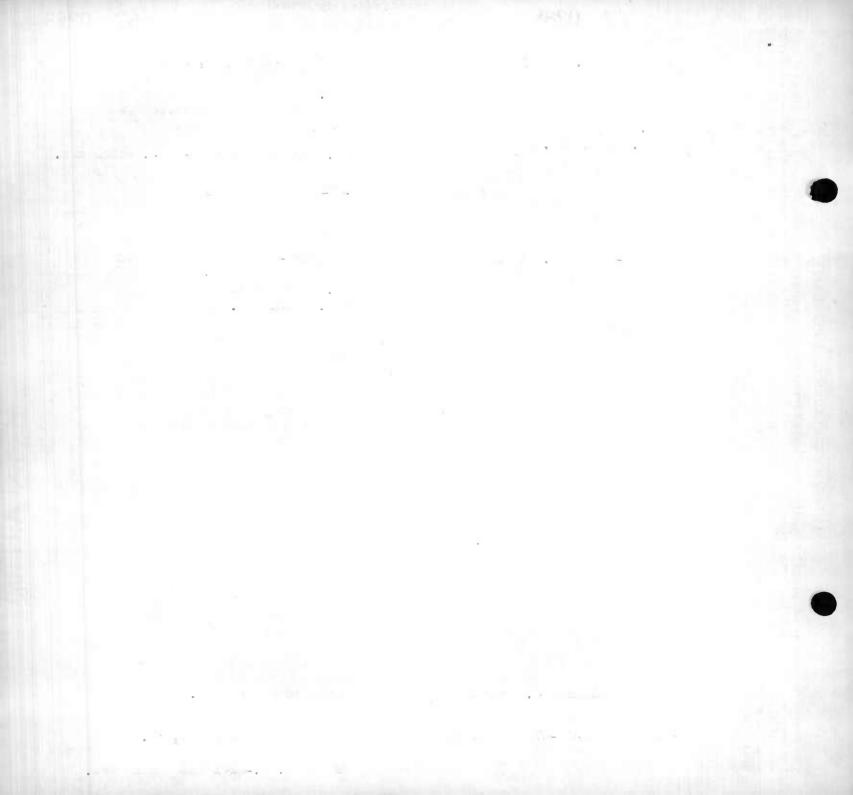
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or 0000	BALTIMORE CITY	HEALTH DEPARTMENT		00000
NRTH NO. 67 0288	CERTIFICA	TE OF DEATH	Registered Na.	67 0288
A.E. CASE NONAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
Catherine B. Dorsey		Ja	nuary 8, 196	7
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: lesidence befole admis
		A. STATE B. COU	אַזאַנ	
FULL NAME OF (If not in haspital or institut HOSPITAL OR oddiess or lacation)	tion, give street			BUIDEL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
INSTITUTION Comman Acad Home		Baltimore	dutside city limits, wine	RUBAL and give lownship)
Gen. German Aged Home			If ivial, give location)	0
10 22 S. Athol Ave.				S. Athol Ave.
SEX 6. RACE 7. MAR	DIED NEVER AAARDIED	8. DATE OF BIRTH		
WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years tost birthday)	Months Days Hours M
	lidowed	3-2276	90	
OA. USUAL OCCUPATION (Give kind of work 10B, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland		USA
B. FATHERS NAME		14. MOTHER'S MAIDEN N	AME	
Late - Peter J. Litt	ile	Late -		Hausen
5. Was Deceased Ever in U. S. Armed Forces? 'es,na ar unknawn) (If yes, give war ar dates of serv	rice) 1 6. SOCIAL SECURITY NO.	Gen. German	Aged Home	ADDRESS
		22 S. Athol	-	
18.	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1		1	ONSET AND DEATH
LEADING TO DEATH	la 0	10/00 al -1/	1 mark mad 11	
(This does not mean the made of dying,		avvey fre	WILL CONTRACT	
heart failure, asthenia, etc. II means the disc injury ar camplication which caused death.)		, ,	io sclerose	
	(B) loon	cheral Perter	is sclerese	4
ANTECEDENT CAUSES	DUE TO		A	*
DISEASES OR CONDITIONS, if any, gi		and onto	in tales and	1
UNDERLYING CONDITION last.	C DELLE	uningery wow	Colonion	<b>V</b>
ll ll		01		
	UTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		20 A. AUTOPSY? (Yes at	Na) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		n/8	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY le.g., i	in or about 21 C. WHERE DID	(If in Baltimor	e City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	home, farm, loctary, street, a	ffice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Haur)	The state of the s	21F. HOW DID I	NJURY OCCUR?	
(APPROX)	While At Not While Work At Work			
22		1 Mare	10/3.	A A A I I
22. I certify that (1) (this hospital) attend	()-1000	7.1.	1963 to 8	Jan 19 6
that (I) (we) last saw the deceased alive	on Jour	19 6 7 and	that in (my) (aur) api	inian death accurred an the
and haur and from the causes stated above	ve. (1) (We) (did) (did nat)	view the bady after deatl	٦.	
23A. SIGNATURE				23B. DATE SIGNED
Milliam A. Knop	en h. M.D. Att	ending Med.	Stoll	Q 17
23C. PHYSICIAN'S	Phy Phy	23D. ADDRESS	Phys.	1 Jan 69
	armon /		dson Ave.	/
MITITION O. DI	M.D.	ACO DUILOI.	IGDOII MY 0 6	
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, ar caunty) (St
Burial 1-10-67	Greenmount Cer	m	Raltimore	Md
			Baltimore,	
1011 4 4 01 - 4	ME OF REGISTRAR	25C. FUNERAL DIRECT	. ,	ADDRESS
JAN 11 1967 (1) Pose	of E. Jankey M. A.	Watzke F. I	04-4101 Edmon	dson Ave.
S 150-REV. 1/1/65				



21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in ar about 21C, WHERE DID (If in Boltimore City, give exact location) home, farm, factory, street, affice bldg., NJURY OCCUR? UTING CAUSE OF DEATH. otc.) home 2407 E. Federal St. 21D TIME 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED (Manth) (Doy) (Year) (Haur) OF INJURY 6:00p. WHILE AT (APPROX.) NOT WHILE shot in head 22. I certify that I held on Inquiry Inspection Autopsy X ond that on this basis, death in my opinion Homicide X resulted from: Natural causes Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 1/10/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Werner U. Spitz, 23C. NAME OF CEMETERY OF CREMATORY 23A, BURIAL CREMATION. 23B. DATE 23D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) BUYIA ADDRESS 248, NAME OF REGISTRAR 24A, DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR 170 VS 151-REV. 1/1/65

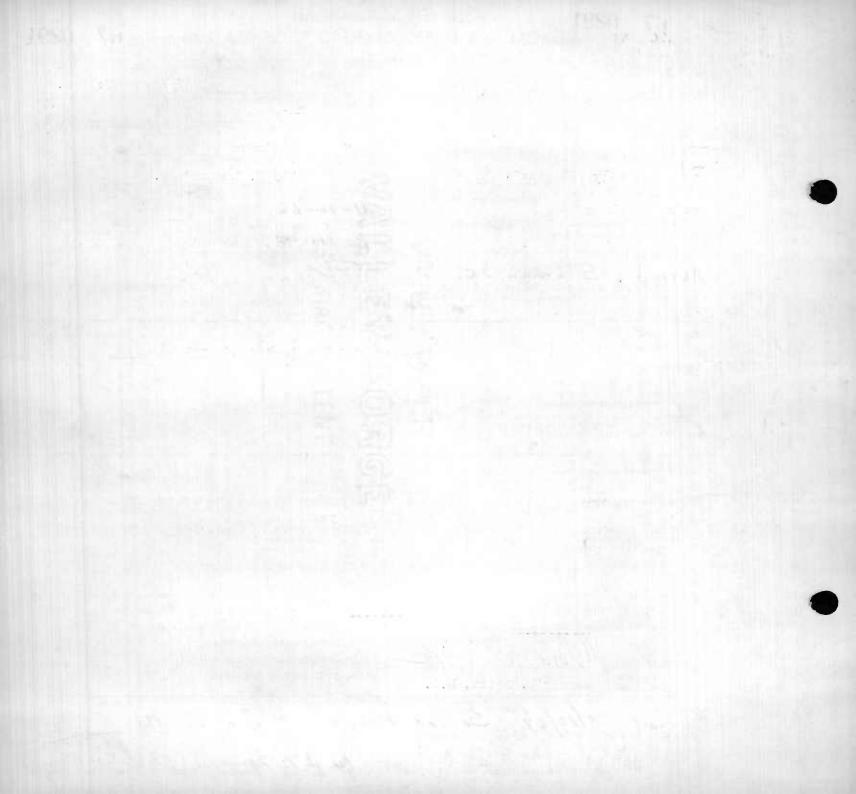
Beint 1-14-67 HI Coloning Com P. 17 Co.

## M-34 / BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N67 0290

NAME OF DEC	°FASED				DATE AN	D HOUR PRONOUNCE	DEAD	
Type or Print)		ephus	McElveen		Z. DATE AN	1/9/		
PLACE IN BALT	IMORE MARYLAND W	HERE PRONOL	NOED	4. USUAL RESI A. STATE	DENCE (Where		ation: residence before admission	
OSPITAL OR	ADDRESS OR LOCA	6-28-67	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore					
42		D. STREET ADDRESS (If rurol, give locotion)						
SEX	Sinai Hospi		NEVER MARRIED	. DATE OF BIR		chwood Rd.	If Under 1 Yr, ff Under 24 Hr:	
male	colored	WIDOWED,	DIVORCED (specify)	12-23-	-1923	9. AGE (In years lost birthdoy) 4.3	Months, Doys Hours Min.	
ne during most of v	working life, even if retired)		F BUSINESS OR INDUSTRY	Sumpte	, Sout	h Carolina	12. CITIZEN OF WHAT COUNTRY?	
SIAM	MCDOWELL			14. MOTHER'S MAIDEN NAME EVELENE SMITH				
	D EVER IN U.S. ARMED		16. SO CIAL 25 ECURITY NO. 220-18-9360	7. INFORMANT	nn McEl	veen 737	ADDRESS Richwood Stre	
(This does research to the control of the control o	SE OR CONDITION DI LEADING TO DEATH not meon the mode of osthenio, etc. It meons implication which coused  NATECEDENT CAUSE: OR CONDITIONS, IA BE ABOVE CAUSE (A) ST NG CONDITION LAST.  II NIFFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 119B, CON	dying e.g., the discose, deoth.)  S NY, GIVING THE CONTRIBUTII	Subacut  (A) Rheumat  DUE TO  (B) DUE TO  (C)	ic-Hear	-Diseas		INTERVAL BETWEEN ONSET AND DEATH	
2	WAS PER		WHICH OPERATION	yes	Y? (Yes or No)	208, IF YES, WERE FINI IN CERTIFYING CAUSE		
UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., in , form, foctory, steet, off	or obout 21 C.	WHERE DID	(If in Boltimore City, give	exact lacotion)	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		WHILE AT NOT WORK AT WO		ILNI DID WOI	JRY OCCUR?		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tify that I held an I			☐ Homic	lde 🗌 👢	is bosis, death in my		
ACTUAL SIGNAT EXAMIN NAME (	URE WELLS	h & U. Spi		CHIEF A ASSISTANT A ASSOCIATE	MEDICAL EX	and a second	1/10/67	
A. BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY OF				own, or county) (State)	
Buria.	1 1-13-		rbutus Mem.		RAL DIRECTOR	butus,	Md.	

## 5-455 BIRTH NO. 66. 23988 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0291

I. NAME OF DECEASE									
(Type or Print)	D			2. DATE AND HOUR PRONOUNCED DEAD					
			Sloman	1/8/67 9:30 a. <sub>M.</sub>					
3. PLACE IN BALTIMOR	E, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE  B. COUNTY					
FULL NAME OF	F NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Mar	yland				
FULL NAME OF (I HOSPITAL OR A	DDRESS OR LOCA	ATION)		C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)					
				В	altimo	ore	1	-0,	1
~1				D. STREET ADDRES	S (If rurol,	give location)		1	
31 0	ity Hosp	itals		4	215 E.	. Lombard St	t.		
5. SEX 6. RA	CE		DIVORCED(specify)	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1	Yr. If Under 2	24 Hrs.
male v	hite	Wilde Web,	DIV O KOLD (Specify)	11-10-6	66		2	ys Hours	
		k TOB. KIND O	F BUSINESS OR INDUST			in country)	12. CITIZEN		
done during most of working	life, even if retired)			Ba 1to	Md.		WHAT	COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MAIL		E	14.	DA.	
ALFOR	5100	nan -	P	P		11-			
15. WAS DECEASED EV			16. SO CIAL	17. INFORMANT	nno	2 Vest	ADDRESS		
(Yes, no or unknown) (If ye			SECURITY NO.				NO DIEGO		
18. 2	/		CAUS	E OF DEATH	_ 40			TERVAL BETV	
DISEASE OF	CONDITION D	RECTLY				(	0	NOCI AND D	EMIN
LEA	DING TO DEATH	1	Inters	titial pneu	monit	rs (SDII)			
heort foilure, osthe injury or complice	eon the mode of enio, etc. It meons tion which coused	dying, e.g., the discose, deoth.)	DUE TO						
ANTE	CALIST	c							
	ONDITIONS, IF		(B)						
RISE TO THE ABO	OVE CAUSE (A) S	TATING THE	DUE 10						
	ONDITION LAST.		(C)					***************************************	
2	li								
	ANT CONDITIONS								
DISEASE OR CO	NDITION CAUSING	G IT.				*******************************			
19A. DATE OF OPE	NATION 198, CON		WHICH OPERATION	yes	(es or No)	20B. IF YES, WERE FI			
Z 21 A. EXTERNAL CA		218.	PLACE OF INJURY (e.g.	in or obout 21C. WHI	ERE DID	(If in Boltimore City, gi	ive exoct locot	ion)	
ZIA. EXTERNAL CA O UNDERLYING OR UTING CAUSE OF		home etc.)	e, form, loctory, street,	office bldg., INJURY O	CCUR?				
21D TIME (Mo	nth) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW	DID INJU	JRY OCCUR?			
(APPROX.)		m \	WHILE AT NOT	WHILE					
22.									
	hot I held on I					is basis, deoth in t			
resulted f	rom: Noturol co	uses X	Accident Suici			Indetermined monn	er		
ACTUAL	1,111			CHIEF MED	ICAL EX	AMINER _		DATE SIGN	FD
ACTUAL SIGNATURE	Mum	Sh-	2 / - Mal	ASSISTANT MED	ICAL EX	AMINER X			
EXAMINER'S NAME (Type	1.10 2022 0 20	U. Spi	tz, M.	ASSOCIATE MED	DICAL EX	KAMINER .		1/9/67	
23A. BURIAL CREMATIC		23	C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (City	, town, or cour	nty) (Sto	ote)
Burial	1/10/	67	Sacred F	Heart	1	Balto.	Md.		
24A. DATE REC'D BY H	EALTH DEPT.	24B, NAME	OF REGISTRAR	24C, FUNERAL	DIRECTOR		ADD	RESS	
ALA.	N 1 1 1007	00	00 M. A	0 0 2	49 75	Janes Di	3 11	and les	28
V\$ 151-REV. 1/1/65	WIT 1301	U6 Seu	I. E. Moure	The state of the s	1. 7		0 /0,		1-

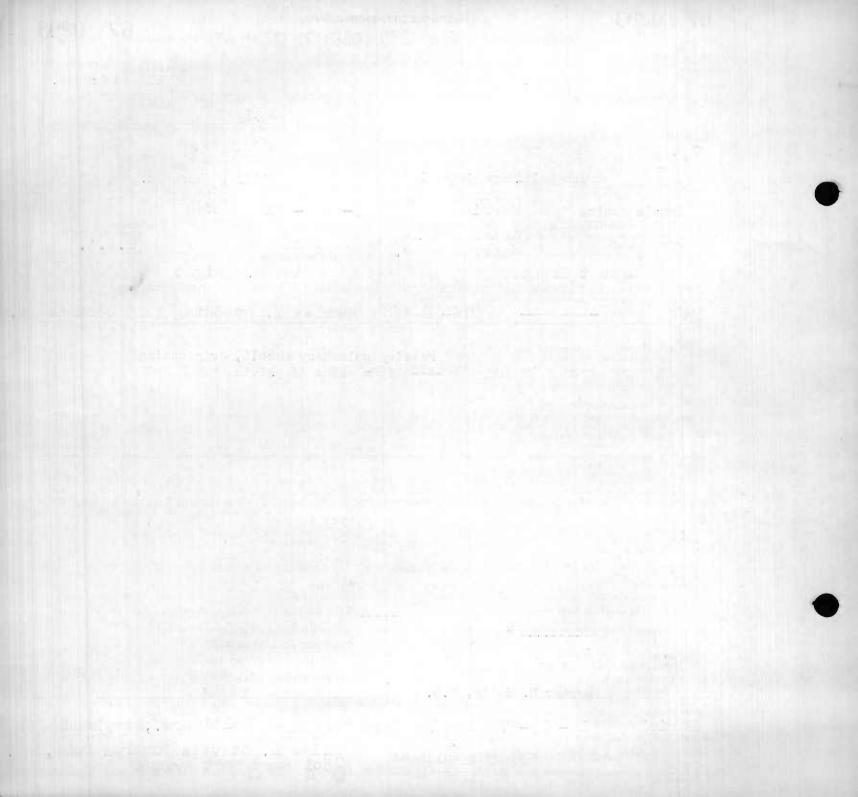


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The state of the s

VS 151-REV. 1/1/65

BIRTH NO. MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Registered No. 10230				
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)  Description  Chadding	2. DATE AND HOUR PRONOUNCED DEAD				
bertle Stedding	1/9/67 3:49 a.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE  Maryland				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
1/2	Baltimore 39-0				
South Baltimore General	D. STREET ADDRESS (If rurol, give locotion)				
	1215 Cooksie St.				
6. RACE 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Married	9. AGE (In years lost birthday) 9-13-31 9. AGE (In years Months Doys Hours Min.				
to A. USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDIdense during most of working life, even if retired)  Parker metal	OUSTRY 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?				
Operator decorating co	Texas U.S.A.				
15, PATILES TRAINE	14. NOTHERS MAIDEN NAME				
Ernest Greater	Tine N. Wright				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS				
No 216-28-4	4683 Charles T. Stedding 1215 Cooksie St				
18. C	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH MASS	sive pulmonary emboli, originating				
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	from veins of pelvis				
injury or complication which coused death.)					
ANTEOPHENT , OALIER					
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO					
RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST.					
<u>P</u>					
OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED					
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION					
WAS PERFORMED	yes IN CERTIFYING CAUSES OF DEATH?				
21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (home, form, foctory, site	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) reel, office bldg., INJURY OCCUR?				
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) WHILE AT	NOT WHILE				
22.	Autopsy X ond that on this basis, death in my opinion				
	uicide Homicide Undetermined monner				
	CHIEF MEDICAL EXAMINER				
ACTUAL MIBNELL &	M.D. ASSISTANT MEDICAL EXAMINER 3				
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 1/9/67				
NAME (Type) Werner U. Spitz, M.D.					
23A. BURIAL CREMATION, 23B. DATE 23C. NAME at CEMET REMOVAL (Specify)	TERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
	Park Cemetery Baltimore., Maryland				
24A. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
JAN 11 1967 R. P B. E. Fallent	Charles L. Stevens Funeral Home, Inc				
doring - good	501 East Fort Avenue				



BALTIMORE CITY HEALTH DEPARTMENT

SHA-1 THE WAY STEEL STEELS

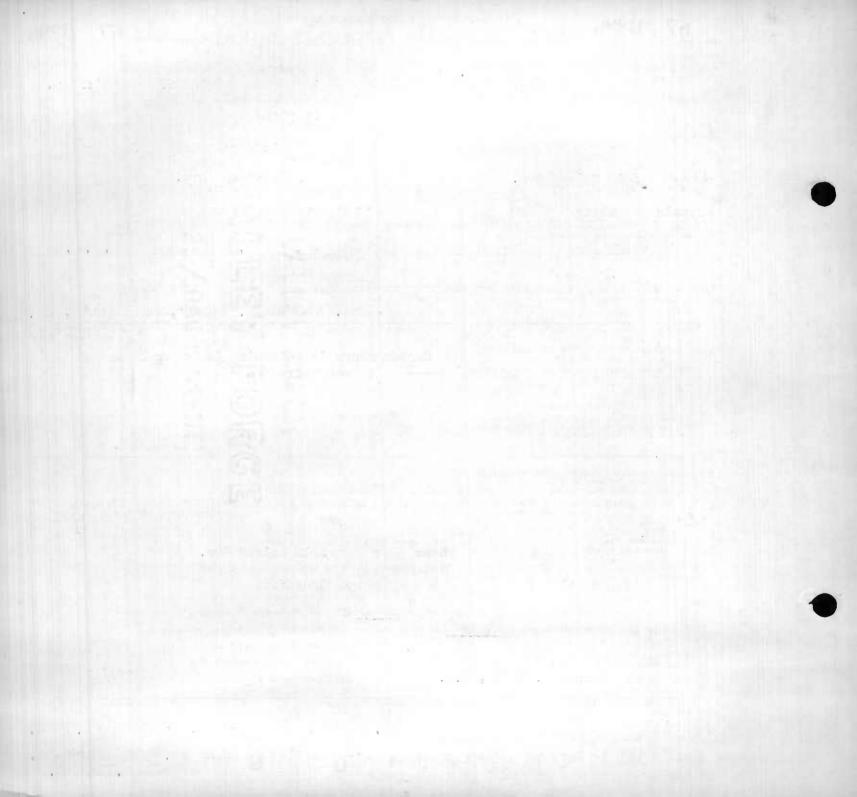
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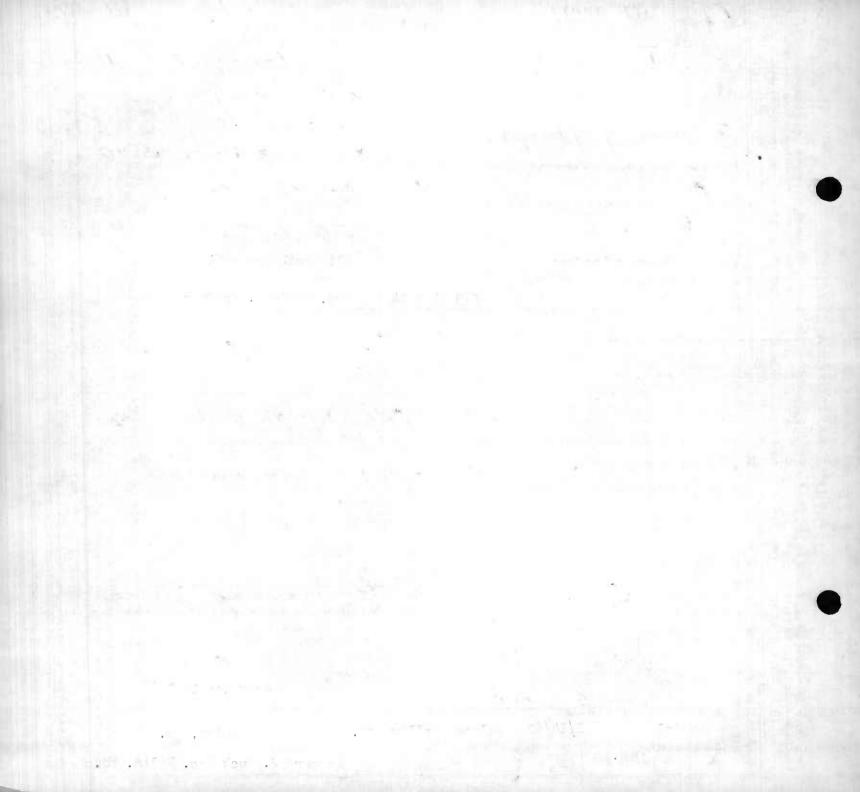
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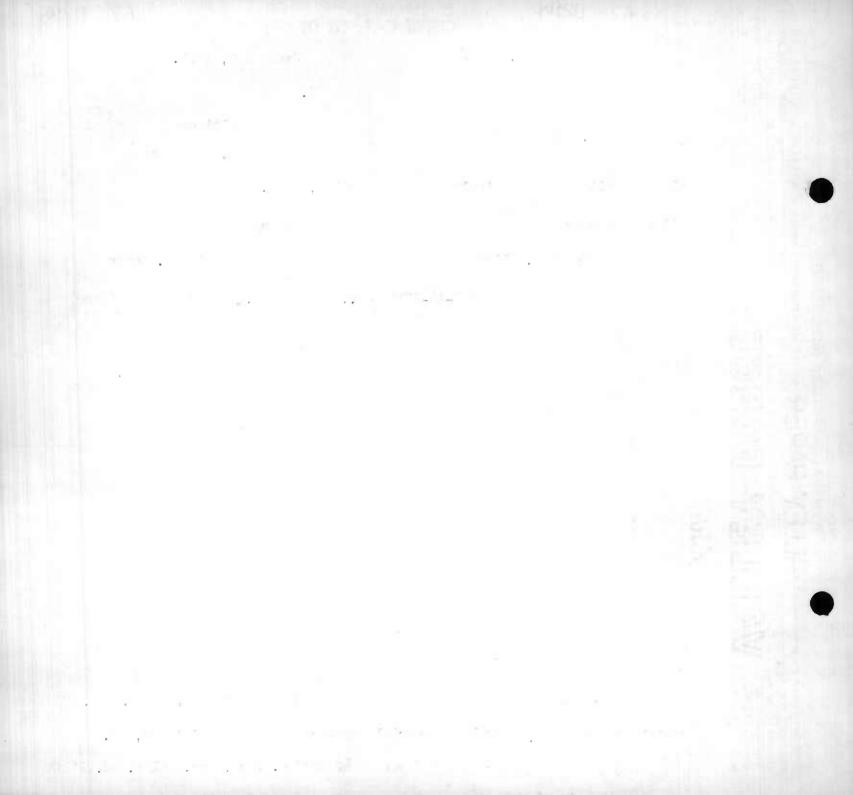
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BALTIMORE	CITY	HEALTH	DEDADTAGE	TIA

\dis	NAME OF DE	CEASED			, M.		2. DATE AN	D HOUR PRONOUN		
3.	PLACE IN BALT	TIMORE MARYL		erine /		1/8/67 11:50 p. M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission. B. COUNTY				
HC	LL NAME OF	(IF NOT IN	HOSPITAL	OR INSTITU	JTON, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				and give township)
IN	5019 Roland Ave.				Baltin		2	7-13		
				D. STREET ADDRESS (If rurel, give locosion)  5019 Roland Ave.						
5.	SEX	6. RACE	7	. MARRIED.	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIR		9. AGE (In years	s If Under	er 1 Yr. If Under 24 Hrs.
	female	white	2	Widow	wed	11/14/	1906	60		
dar	ne during most of	warking life, even i		B. KIND OF	BUSINESS OR INDUSTRY				12. CITI	ZEN OF AT COUNTRY?
13.	FATHER'S NAN	sewife ME		Own 1	Home	Boston, Mass, U.S.			U.S.A.	
	Edwar	d Melee	edy			Mary :	Ellen (	Claffey		
		ED EVER IN U.S.			16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	S
	No					Mrs.De	borah S	S. Terry,	Balt	imore, Md.
	heart failure,	not mean the	made of d	lying, e.g.,						
AL CERTIFICATION .	DISEASES RISE TO TH UNDERLYII  OTHER SIG TO THE DISEASE O	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CAUSES NS, IF ANY SE (A) STA' N LAST.  DITIONS CO NOT RELA CAUSING I' IPB. CONDI	ONTRIBUTING THE TO TITE.	WHICH OPERATION	yes	Y? (Yes or No)	208. IF YES, WERE IN CERTIFYING CAI	USES OF D	EATH? YES
ERTIFICATIO	DISEASES RISE TO TH UNDERLYII  OTHER SIG TO THE DISEASE O  19A. DATE OF	ANTECEDENT OR CONDITION ILLE ABOVE CAU NG CONDITION ILLE ABOVE CAU OR CONDITION OF OPERATION ILLE CAUSE WAS OR CONTRIB- JUSE OF DEATH.	CAUSES NS, IF ANY SE (A) STA' N LAST.  DITIONS CO NOT RELA CAUSING I' 19B, CONDI WAS PERFO	on TRIBUTING THE  ONTRIBUTINT TED TO TI T.  ITION FOR V RMED  218, i home, etc.,	(B)	20A, AUTOPS yes in or obout 21C. Iffice bidg, INJUI	Y? (Yes or No)	208. IF YES, WERE IN CERTIFYING CAI	USES OF D	EATH? YES
EDICAL CERTIFICATIO	DISEASES RISE TO TH UNDERLYIF  OTHER SIG TO THE DISEASE OF	ANTECEDENT OR CONDITION ILE ABOVE CAUSING CONDITION IN CONDITION DEATH BUT OR CONDITION OF FOREATION IN L CAUSE WAS	CAUSES NS, IF ANY SE (A) STA' N LAST.  DITIONS CO NOT RELA CAUSING I' 19B, CONDI WAS PERFO	ONTRIBUTING THE  ONTRIBUTINT TED TO TI T.  ITTON FOR V. RMED  (Hour) 2' Y.	(B)	20A, AUTOPS  yes in or obout 21C. Iffice bldg., INJUI 50  21F. F	Y? (Yes or No) WHERE DID Y OCCUR? 119 RO1a	208. IF YES, WERE IN CERTIFYING CAI	USES OF D	EATH? YES
EDICAL CERTIFICATIO	DISEASES RISE TO TH UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE OF  21A. EXTERNA UNDERLYING UTING CAU  21D TIME OF INJURY (APPROX.)  22. I cer resul  ACTUA SIGNAT EXAMIN	ANTECEDENT OR CONDITION ILE ABOVE CAUSING CONDITION INDICATE CONDITION	CAUSES NS, IF ANY SE (A) STA' N LAST.  DITIONS CONT RELA CAUSING I' 19B, CONDI WAS PERFO  y) (Year) 67	ONTRIBUTINT TED TO THE TED TED TED TED TED TED TED TED TED TE	(B) DUE TO  (C)	20A. AUTOPS  yes in or obout 21C. iffice bldg, INJUI  21F. F  WHILE A ho  apsy X ai  CHIEF A	Y? (Yes or No)  WHERE DID  Y OCCUR?  19 Rola  OW DID INJUDUS efire  Ind that an this  ide U  MEDICAL EX	208. IF YES, WERE IN CERTIFYING CAIL (If in Boltimore City, and Ave.   JRY OCCUR?  is basis, death in Undetermined many (AMINER   (AMINE	my opinio	location)
MEDICAL CERTIFICATIO	OTHER SIG TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TOTAL EXTERNA UNDERLYING TOTAL CAPPROX.)  21.0. I CEPT TOTAL CAPPROX.)  22. I CEPT TOTAL CAPPROX.)  24. BURIAL CRE	ANTECEDENT OR CONDITION OR CONDITION IL ABOVE CAUSING CONDITION DEATH BUT OR CONDITION OF OPERATION IL CAUSE WAS OR CONTRIBUT OF OPERATION IN (Month) (Doy 1 8  Tify that I held LURE WETT Type) MATION, 238.	CAUSES NS, IF ANY SE (A) STA' N LAST.  DITIONS CO NOT RELA CAUSING I' 1998, CONDI WAS PERFO  y) (Year) 67 d an Inquitural caus	ONTRIBUTINT TO THE TENT TO THE TEN	(B) DUE TO  (C)	20A, AUTOPS yes in or obout 21C, iffice bldg, 21F, F ORK  apsy X at apsy X at a Hamic CHIEF A ASSISTANT A	Y? (Yes or No)  WHERE DID  Y OCCUR?  19 Rolar  OW DID INJU  DUSEFITE  Ide U  MEDICAL EX	208. IF YES, WERE IN CERTIFYING CAI  IN CERTIFYING CAI  OF THE SECOND CONTROL OF THE SECOND CAI  OF THE SECO	my opinio	DATE SIGNED
MEDICAL CERTIFICATION	OTHER SIG TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TOTAL EXTERNA UNDERLYING UTING CAU  21 A. EXTERNA UNDERLYING UTING CAU  21 D. TIME OF INJURY (APPROX.)  22. I cer  resul  ACTUA SIGNAT EXAMIN NAME ( A. BURIAL CRE MOVAL (Specif BUTIAL	ANTECEDENT OR CONDITION ILL ABOVE CAUSE OR CONDITION IN CONDITION DEATH BUT OR CONDITION OF OPERATION IN CAUSE WAS OR CONTRIB- SEE OF DEATH.  (Month) (Dog 1 8  tify that I held lited fram: Nat  L URE WER'S WE'T Type) MATION, 238.	CAUSES NS, IF ANY SE (A) STA' N LAST.  DITIONS CONT RELA CAUSING I' 19B. CONDI WAS PERFO  (Yeor) 67 d an Inq tural cause ner U.  DATE  /11/1	on TRIBUTING THE  ONTRIBUTING THE  ONTRIBUTING THE  ONTRIBUTING THE  ONTRIBUTING THE  IT TO THE TO THE	OUE TO  (C)	20A. AUTOPS  yes in or oboul 21C. iffice bldg, INJUIL 50  QPSY X GI CHIEF A ASSISTANT A ASSOCIATE CREMATORY  Garden 124C. FUNE	Y? (Yes or No)  WHERE DID  Y OCCUR?  19 Rolar  OW DID INJUDUSEFITE  Id that an this  Ide U  MEDICAL EX  MEDICAL EX	208. IF YES, WERE IN CERTIFYING CAN  Off in Boltimore City,  and Ave.   JRY OCCUR?  is basis, death in  Undetermined man  (AMINER   (AMINER   XAMINER   OCATION (City)	my opinioner 1.	DATE SIGNED







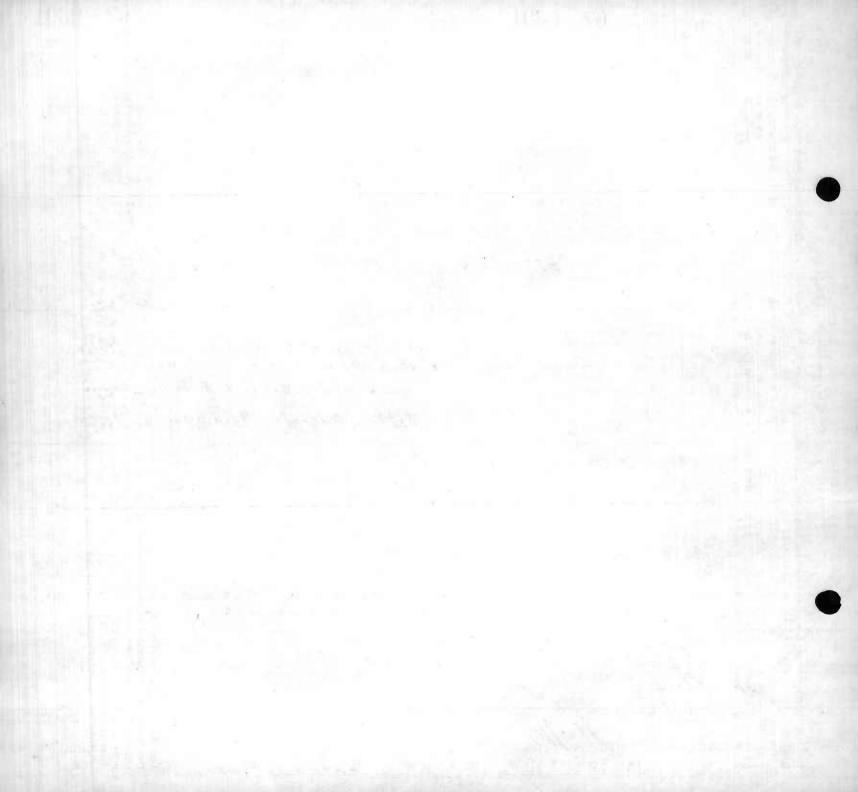
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Barting B Maryland General Hospital 5421 Nothwood Dr. steer more 2 1/1/10 75" Cap religions Co Pring land Conrad Dickbear. Engage Fancille 1845 Continues 25-15-1812 (4-16-) 67 500 10

IMPORTAN

DIRECTOR:

FUNERAL



	BALTIMORE CITT II	EALTH DEPARTMENT			OM	0000
DICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No	b. 61	0305

M.E. C	ASE NO.									
1. NA	ME OF DECEA	SED			2. DATE AND HOUR PRONOUNCED DEAD					
(1,700		Jack	Pauls	en	1/9/67 5:02 p. M.					
		ORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE  Maryland					
HOSPIT	NAME OF	ADDRESS OR LOCA	AL OR INSTITU (TION)	TION, GIVE STREET	C. CITY OR TOWN (II	outside corporate limits, writ	e RURAL and give township)			
INSTITUTION					Baltimore 21215 27-17					
Sinai Hospital					D. STREET ADDRESS (If rural, give locotion)					
C CEV	-	RACE		ALCUED ALABBICO	DATE OF BIRTH	2722 Oakley Ro	If Under 1 Yr. If Under 24 Hrs.			
5. SEX	_	white		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.			
			Marri	ed BUSINESS OR INDUSTRY	2/25/1926	or foreign country)	12. CITIZEN OF			
		ing life, even if retired)					WHAT COUNTRY?			
13. FAT	Plumber		Sell	Employed	Baltimore		U.S.A.			
		C Doules								
		C. Paulsen	FORCES?	16. SO CIAL	Ethel She	rrick	ADDRESS			
(Yes, no	or unknown) (If	yes, give wor or date	s of service)	SECURITY NO.	26 62 1	D D D	21215			
1 18.	es	W.W.	TT	217-20-6620	Mrs. Gloria	D. Paulsen-27:	22 Oakley Ave.			
	(This does not heart failure, as	OR CONDITION DI ADING TO DEATH mean the mode of thenio, etc. It means cotion which coused	dying, e.g., the discose.	(A) Massiv	ve internal b	leeding	ONSET AND DEATH			
ICATION	RISE TO THE A UNDERLYING  OTHER SIGNIFI TO THE DE	CONDITIONS, IF A BOVE CAUSE (A) S' CONDITION LAST.  II  CANT CONDITIONS ATH BUT NOT RE ONDITION CAUSING	CONTRIBUTING THE	(C)	ngs and aorta					
CERT 197	A. DATE OF OF		DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20 B. IF YES, WERE FI IN CERTIFYING CAU Ves				
EDIC	EXTERNAL CONTRACTOR	CONTRIB-	218. I home, etc.)	form, foctory, street, o	n or obout 21C. WHERE flice bldg., INJURY OCC	DID (If in Baltimore City, a				
	INJURY (A	Month) (Doy) (Yeo	r) (Hour) 2	E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?				
	PPROX.)	1 9 67 5	:00p. w. w	HILE AT NOT AT W	WHILE X Shot W	hile trying to	stop a robery susp			
22		that I held an I				an this basis, death in	my apinian			
	resulted	fram: Natural ca	uses 🗌 A	ccident Suicide	Hamicide X	Undetermined mann	er			
	ACTUAL	MILLAR	1, 5	7	A SELETANT MEDICA	AL EXAMINER	DATE SIGNED			
	SIGNATUR EXAMINER NAME (Typ	2'5	ner U	Spitz M.D.	ASSOCIATE MEDIC		1/10/67			
	URIAL CREMA			NAME of CEMETERY o	CREMATORY	23D. LOCATION (City	, town, or county) (Stote)			
	rial	1/12/6	7	Woodlawn	- Marin	Baltimore, Md.	21.207			
	ATE REC'D BY		24B. NAME	OF REGISTRAR	24C. FUNERAL DIR	ECTOR	ADDRESS			
	J	AN 12 1967	Robert	4 2, Farbura	Loring B	yers-8728 Liber	rty Rd. Randallstow			
VS 15	1-REV. 1/1/65	1100	0 11		. 0-0	1				

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BEN SELLERS HESPERAL

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BACTINIONE, MARYLAND COLLEGE

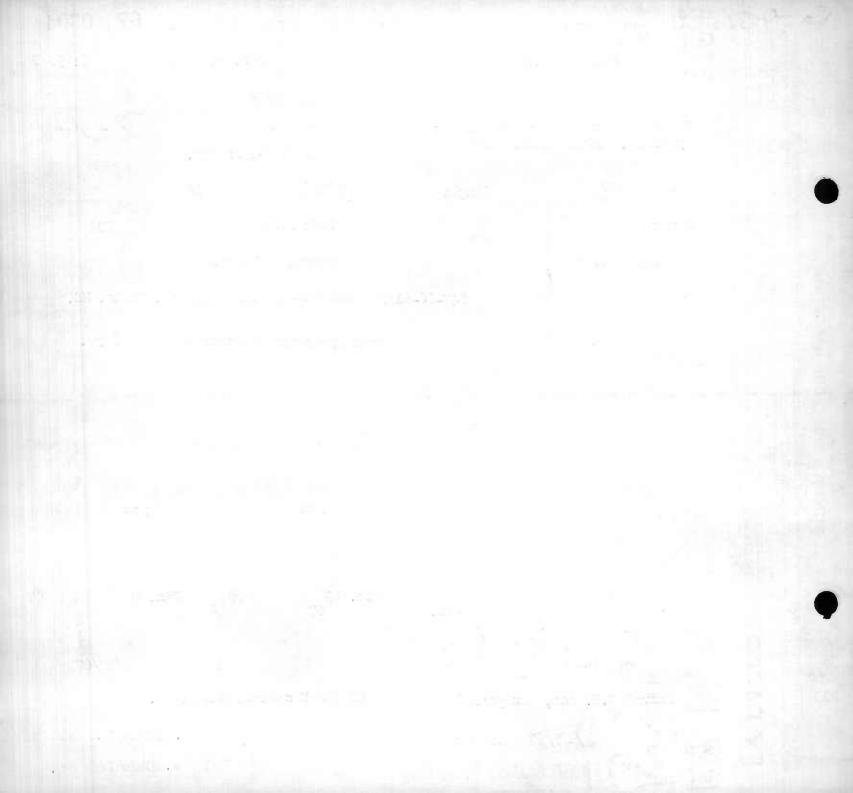
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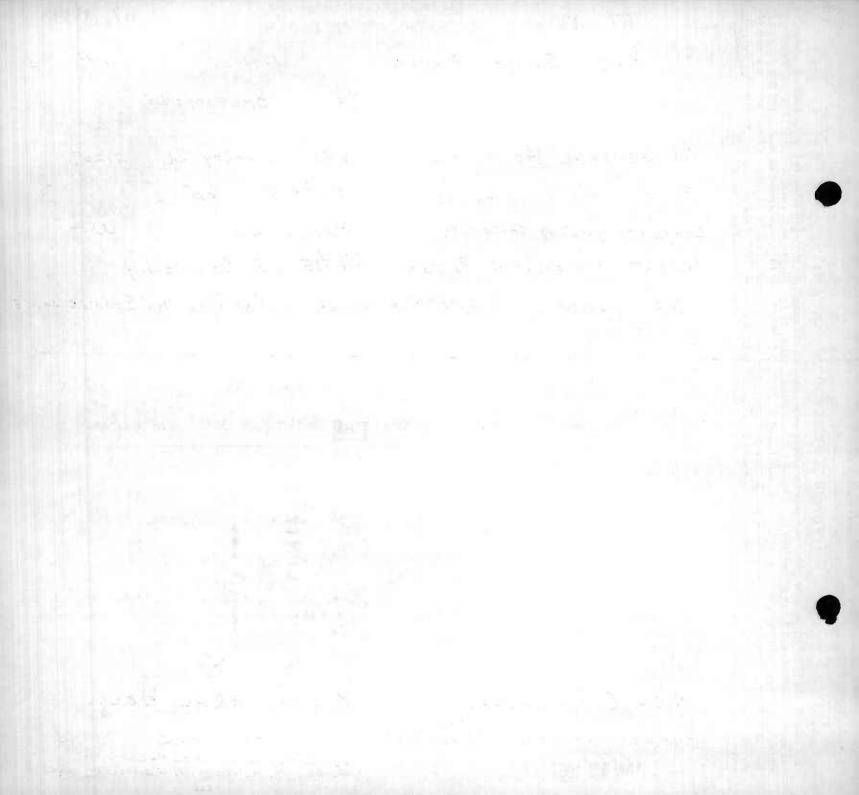
BALTIMORE CITY HEALTH DEPARTMENT

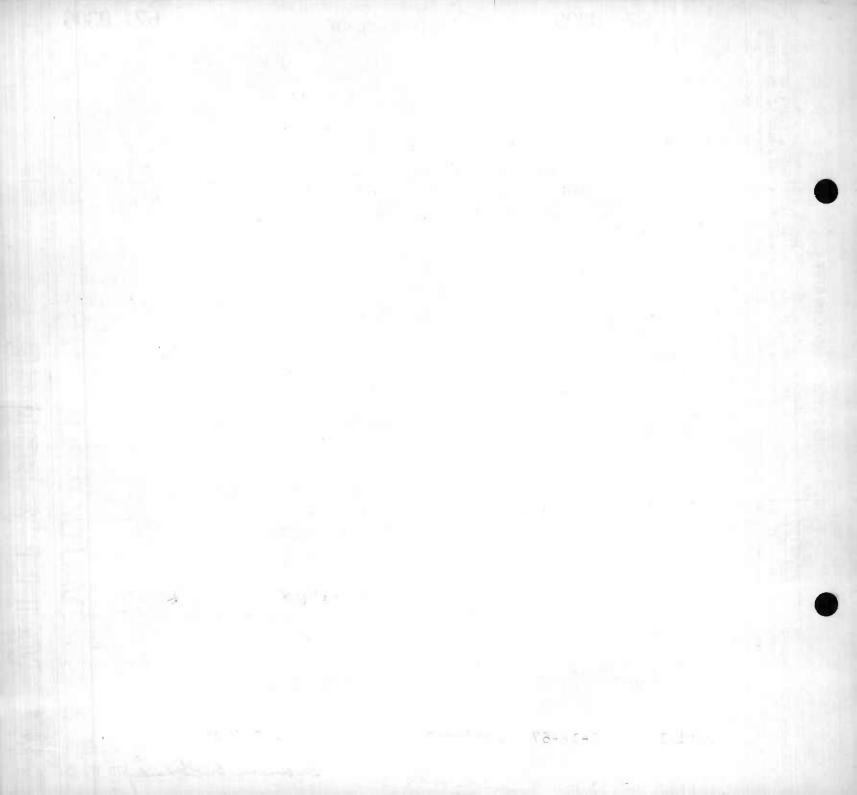
BIRTH NO.

0

VS 150-REV. 1/1/65

Registered No.





	on obon	B.A	ALTIMORE CITY HEALTH	DEPARTMENT		67	0200
BIRTH NO.	67 0307	C	ERTIFICATE O	E DEATH	Registered No	0/	0307
M.E. CASE			EKTITICATE				
1. NAME OF (Type or Prin			,	2. DATE AN	D HOUR OF DEATH		
	mary V.	Thomy	eson	//	10/67		1-1
PLACE O	F DEATH IN BALTIMORE MARYL	AND	A. STAT	AL RESIDENCE (Where	e deceased lived. If ins TY	titutian: residen	ce befare odmišsi
FULL NA	ME OF (If not in Nospital or in	netitution ave steel	1 2	de			
HOSPITAL	OR oddress or location)	ismonon, give sheet		OR TOWN & (If out	side city limits, write R	URAL ond anime	township) _
INSTITUTI	3N		-6	3 alterior	0	2	1-07
10	1	Λ.	D. STRE	ET ADDRESS A (If	rurol, give location)	Sheri I	
19	12 Fames	- St.		- //	mes St	<u> </u>	
SEX		MARRIED, NEVER A			9. AGE (In years		
36%		WIDOWED, DIVOR			last birthdoy)	If Under 1 Yr. Months Days	Hours Min.
Tema	le while -	Wedowt	2/2	7/1875	91		
	OCCUPATION (Give kind of work 10B ost of working life, even if retired)	KIND OF BUSINES	S OR INDUSTRY 11. BIRTH	HPLACE (Stote or forei	gn cauntry)	12. CITIZEN C	
ane during m		et Wom		and.			CA
B. FATHER'S		o Henro		HER'S MAIDEN NAM	AE	1.	//.
- I WILLEY 2	1. 1. 1.		14. MOI	1.			
	Tolm Louis		7	Unknower			
5. Wos Dec	eosed Ever in U. S. Armed Farces?	1 6. SOCI		RMANT		ADD	RESS / O
res, na agruni	(nawn) (If yes, give war ar dates of	selvice) ZECL	JRITY NO.	D. 1004	co h.	1 -	abore
-			INT	. Robert	Bucking	ram	
1B.	22/1/		CAUSE OF DEATH		1		VAL BETWEEN
D	ISEASE OR CONDITION DIRECT	TLY	ARTER CAITE	IN CACO	70712	/	
	LEADING TO DEATH		(A) MILIULE	10 2000		3	TILST
	aes nat mean the made of dyi ilure, osthenia, etc. Il means the		DUE TO CAIT	10 V 95C	uca		
	r camplication which coused dec		D13.	ezsce			
	ANTECEDENT CAUSES		(B) DUE TO	**************	****************************		
DISEAS	ES OR CONDITIONS, if ony,	. giving	DUE TO				
rise lo	the obave cause (A) sto		(C)				
UNDER	LYING CONDITION last.						
-	II .		/				
OTHER TO THE	SIGNIFICANT CONDITIONS CON	TRIBUTING	Brunchoo	PARUL	NIVIZ	1	day
	OR CONDITION CAUSING IT.			10 19 19	01069		a 2 7
19A. DA	TE OF OPERATION 198. CONDITI	ON FOR WHICH O	PERATION 20A.	AUTOPSY? (Yes or Na	20B. IF YES, WERE FI	NDINGS CON	SI DERED
				no	CERTIFIED CAU	JLJ OF DEATH	HALL BELL
	CIDENT WAS UNDERLYING	21 B. PLACE C	OF INJURY (e.g., in ar obaut foctory, street, office bldg.,	21 C. WHERE DID	(If in Baltimare	City, give exoc	t lacation)
DEATH	(natify medical examiner)	etc.)	iourusy, sincer, office oldge,	MINIORI OCCUR:			
21 D. TIN	LE (Month) (Day) (Year) (H	lour) 21E INJURY	OCCUPRED	21F. HOW DID INJ	IN OCCUPY		
OF INJU	RY	While At	Nat While	Z HOW DID INJ	OKI OCCOR:		
(APPROX	.)	Work	At Wark	- 20		/	10000
22. I ce	ertify that (1) (this haspital) at	Itended the decec	sed from	19451	9to	1/10	19 6
	(we) lost saw the deceased o	//	0.117		ot in (my) (aur) apin	1 1	
		2 -			or in (my) (dur) dpin	ion death ac	curred on the
1	ir and fram the couses stated	above (f) (We) (d	lid) (did nat) view the	bady after death.			
23A. SIG	NATURE	//				23 B. DATE SIG	NED
	1 come 6	) your	M.D. Attending Phys.	Med. Director	Staff Phys.	/ //	0/67
23 C. PHY	SICIAN'S	- 0	23D. ADD		10	- //	1-1
NA	ME (Type)	1(041)	M.D. 33	50 Balt	O NATOL	To F	3 TO 141
	11600 0	1 (0/10)				uch.	10118
AA. BURIAL REMO	CREMATION, 24B. DATE	24C. NAME of C	EMETERY OF CREMATORY	24D, LC	CATION (City	, tawn, ar cour	nty) (State
-R	1/14/67	Hole	Hot pourons	Com -R	alterior o		ma .
SA. DATE		NAME OF REGIST	PAR ZAC.	FUNERAL PIRECTOR	acouple of	A	PORESS /
	JAN 12 1967	NAME OF REGIST	Failer MA	XP 3 150	P. Commission of the commissio	9.0	29/00
		10.3000 - 1	1	may be	rwan yson	one i	Hollen
S 150-REV.	1/1/65						25 12

FUNERAL DIRECTOR: IMPORTANT

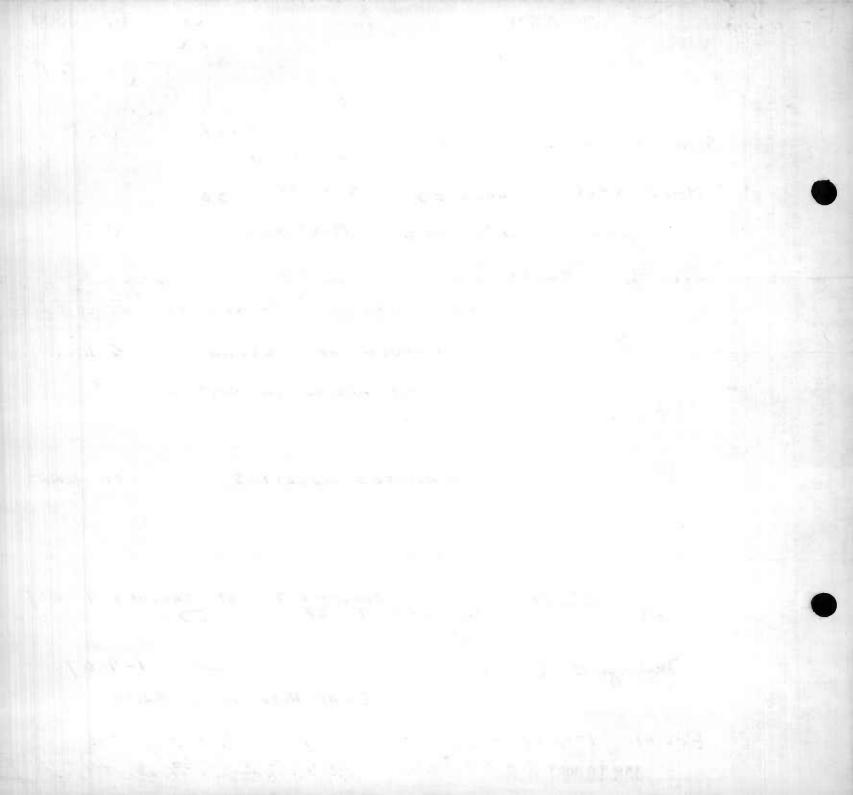
BALTIMORE CITY HEALTH DEPARTMENT

-24/1742 Marchael . 3000 make the spirit waster. Marchan To Roll Thursday

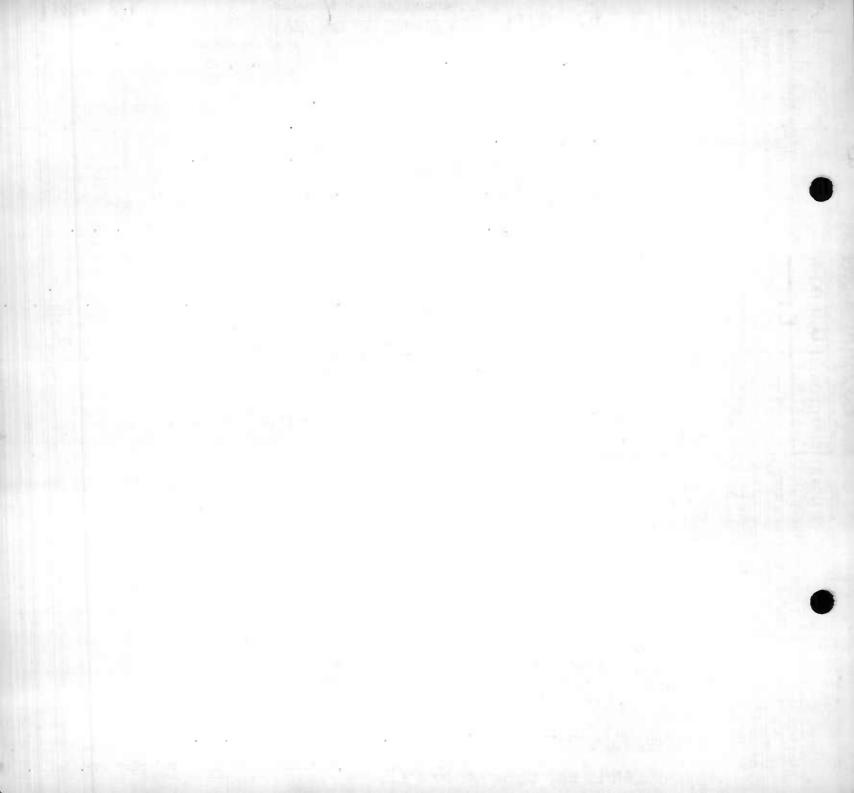
VS 150-REV. 1/1/65

Albert Style white the transfer

(Type or Print) AQUILIA FREDERICKS	JANUARY 9	B1017 F0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location) [NSTITUTION]	A. STATE  B. COUNTY  C. CITY OR TOWN (If outside city limits, write	Howard Co.
SINAL HOSPITAL OF BALTIMORE	D. STREET ADDRESS (If rural, give location)  ROUTE 4	63-00
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify MARRIED  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU		If Under 1 Yr. If Under 24 Hrs. Months Oays Hours Min.
done during most of working life, even if retired)  BETIRES  BRITO TRANS	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
Agyilla FREDERICICS 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	CAROLINIE SI, PPER	9111
(Yes, no or unknown) (If yes, give wor ar dotes af service)  SECURITY NO.  213-05-94	CAROLINIE SI, PPER 17. INFORMANT 12 DANIEL FREDERICKS	Ellico TT C'L
DISEASE OF CONDITION DIRECTLY	LMONARY EDEMA	ONSET AND DEATH
heart failure, asthenia, etc. It means the disease,	OCARDIAL INFARCTION	
ANTECEDENT CAUSES  OUE TO  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		
	TES MELLITUS	70 YEARS
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (	IN CERTIFYING CA	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  hame, form, factory, streetc.)	.g., in or about 21 C. WHERE DID (If in Baltima) It, affice bldg., INJURY OCCUR?	re City, give exact locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not Not At	21F. HOW OID INJURY OCCUR? While	
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on JANVAR)	9 19 67 ond that in (my) (our) op	inion death occurred on the date
and hour and from the couses stoted obove. (1) (did) (did no 23A. SIGNATURE  M.D.  M.D.	Attending Med. Stoff Phys. Phys.	238. DATE SIGNED 1 - 9 - 6 7
23C.PHYSICIAM'S ONAME (Type)		BALTO.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OR REMOVAL (Specify) 1-12-17 MERODOW RICHARD SALES AND ATE REC'D BY HEALTH DERI 25B. NAME OF REGISTERS	E MEM. ElKRidgE	City, town, or county) (Stote)
JAN 12 1967 P. C. & E. Faller	A The State of the	ADDRESS Ellicotte



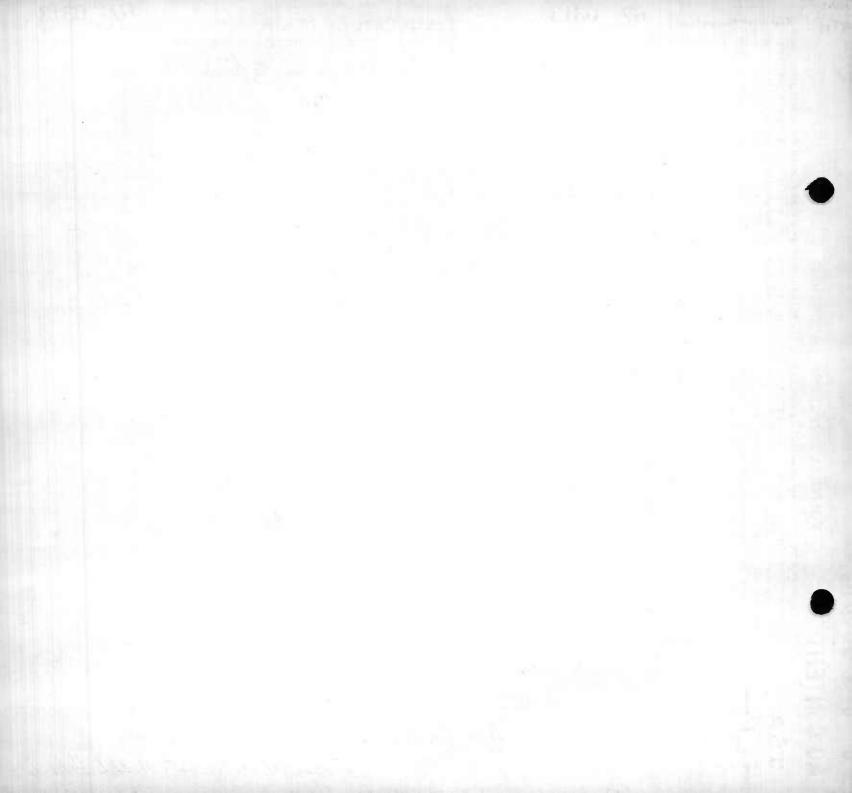
John James Early 8-10-1923 63 no hater 1.52 Just muchania Son Ridert Court For you and improveding his time a marine Colore . . . Jam a set Jam 5 mil ante Sung NEW SURFICE



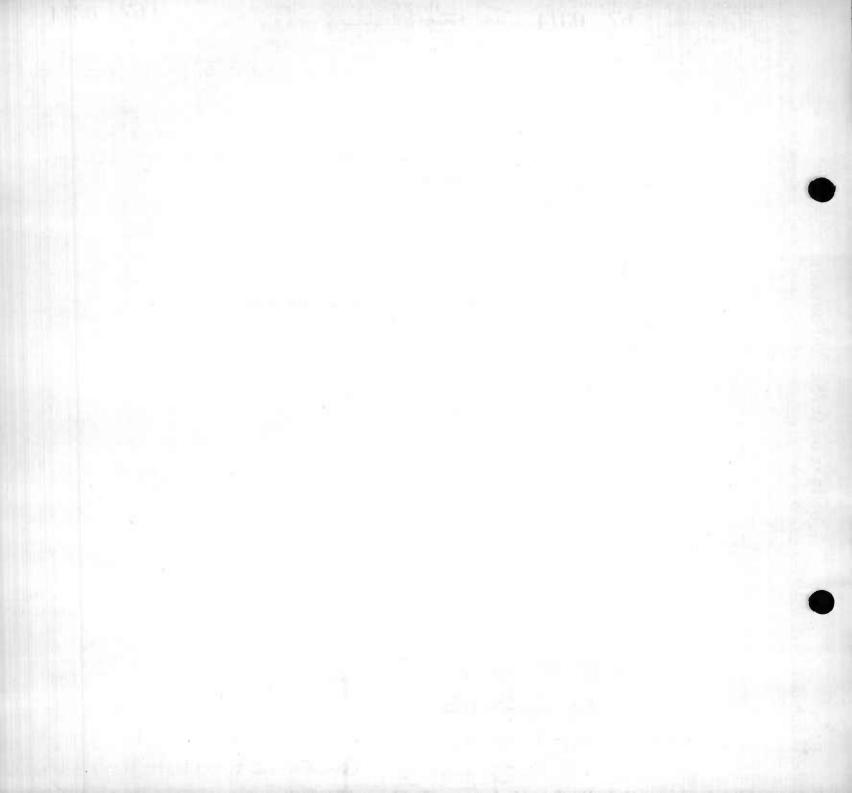
	67	0245		BALTIMORE CITY	HEALTH DEPARTMENT	\ /	OF	0040
BIRTH NO.		0312		CERTIFICA	TE OF DEATH	Registered No.	b/	0312
1. NAME OF					2. DATE	AND HOUR OF DEATH		
(Typo or Print		JOHN E.	SLAYTO	N		JANUARY 8.	1967	11.12 04
3. PLACE OF	DEATH IN	BALTIMORE, MA			4. USUAL RESIDENCE (W	here deceased lived. If i		ce before admission)
					A. STATE B. CO	UNIY	N	00
HOSPITAL		(If not in hospital oddress or location		o stroot	MARYLAND	and the state that the	Haws-	township)
INSTITUTIO	ST A	GNES HO	SPITAL		COLUMBIA	ourside city limits, write	KUKAL and give	iownsnip)
41)		KENS & C		ENLIE		(If rurol, give location)	9 3 -	00
1		IMORE 2						
5. SEX	6. RAC		7. MARRIED, N		B. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr.	. If Under 24 Hrs.
MALI	E V	HITE	WIDOWED, MARR	I ED (specify)	1-10-29	lost birthdoy	Months Doys	Hours Min.
		N (Give kind of work lite, even if retired)	108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or f	oreign country)	12. CITIZEN O	)F OUNTRY?
	VAGER	,,	THE RO	USE CO.	CONNECTICU	Т	U.S	
13. FATHER'S			1112 110	001 00.	14. MOTHER'S MAIDEN N		0.3	
НАЕ	RRY W	SLAYTO	M		WINIFRED			
				6. SOCIAL	17. INFORMANT		ADD	DECC
(Yes, no or unk	nown) (II yes	U. S. Armed For , give wor or dote	s of service)	SECURITY NO.	17. INFORMANT		ADD	KESS
YES		KOREA		00	ST.AGNES HO	SPITAL . WIL	KENS & (	CATON AVE
18.	20	YI	>-	CAUSE O			INTER	VAL BETWEEN
D	SEASE OR	CONDITION DI		/4 hu	,		ONZE	AND DEATH
		NG TO DEATH	8	1 2 /41 - 11/1	erach noid	heumourh	Re 1	2 brs.
(This do	es nat me	on the made of ia, etc. II means	dying, e.g.,	X DUE TO	Sportane	19115	0	
injuty of	complication	on which coused	death.	. / 🔻 🗸	,			
	ANTEC	EDENT CAUSES	AP	- R - T	erial anci	urysm,	3	7 415
DISEASI	S OR CO	NDITIONS, if	any, giving <b>Z</b>	E	ougenita	1		
		ve cause (A)	slaling the	15(C) -		run. Arte	ry	danaa aadddan ac woo o o o o o o o o o o o o o o
UNDEK	TING CON	IDITION lost.	A	N S S				
Z			1	OR				
E TO TH	E DEATH	T CONDITIONS C	TED TO THEY	None	,			
	E, OF OPERA	TION CAUSING I		HCH OPERATION	20A. AUTOPSY? IYes or	Nol 208 IF YES WEDE	EINDINGS CON	SIDERED
E 1 12	110	WAS PER	ORMED	THE OFFICE TON	1/10	No) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH	1?
U 21 A. A.C.	CIDENT WA	S UNDERLYING	AME	ACE OF INCHEVIOR	n or obout 21 C. WHERE DID	(If in Rollimo	re City, give exoc	et location)
, OR CON	TRIBUTING	CAUSE OF	homo,	form, foctory, street, o	ffice bldg., INJURY OCCUR?	ti iii edililio	any, give exoc	
U	notify medica		etc.)					
OF INJU	E (Mont	h) (Doy) (Yeor)		NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
APPROX			While Work	At Work	e			
22 1	-alf., about /	l) (this hospitol			JANUARY 8	19 67 to JAI	NUARY 8	19 67
				JANUARY 8	19 67 and			•
thot (I)	(we) last s	iow the decease	d allve an		19. <u>9.7</u> and	that in (my) (our) op	inion deoth oc	curred on the date
		the couses sto	ed obove. (I)	(We) (did) (did not)	view the body ofter deot	h•		
23A. SIGI	NATURE	0 .					23B. DATE SIG	NED
/	1/6	Signi	or N	M.D. Att	ending Mod. Director	Stoff Phys.	1	19/67
23 C. PHY	SICIANS	1	-/		23D. ADDRESS		1	1
NA	ME (Type)	LE SIGN	OR M D	M.D.	ST.AGNES HO	SPITAL.WIL	KENS S	CATON AVE
24A, RUPIAL		N, 24B. DATE		ME of CEMETERY OF CR			KENS & (	CATON AVE
REMOV	AL (Specify)	1 10 1	7	- 1 11	240	-// m	. 7	24 /
BUR		1-10-6	1 51	JOHNS	, E	1116011 6	les /	7 d.
25A. DATE R	EC'D BY HE	4	25B. NAME OF	REGISTRAR	256 FUNERAL DIRECT	lane.	/ A	DDRESS
	JAN	12 1967	Cherry &	, Tablesona	HINNBOIL	in finns	Home	9/
VS 150-REV.	1/1/65				1			

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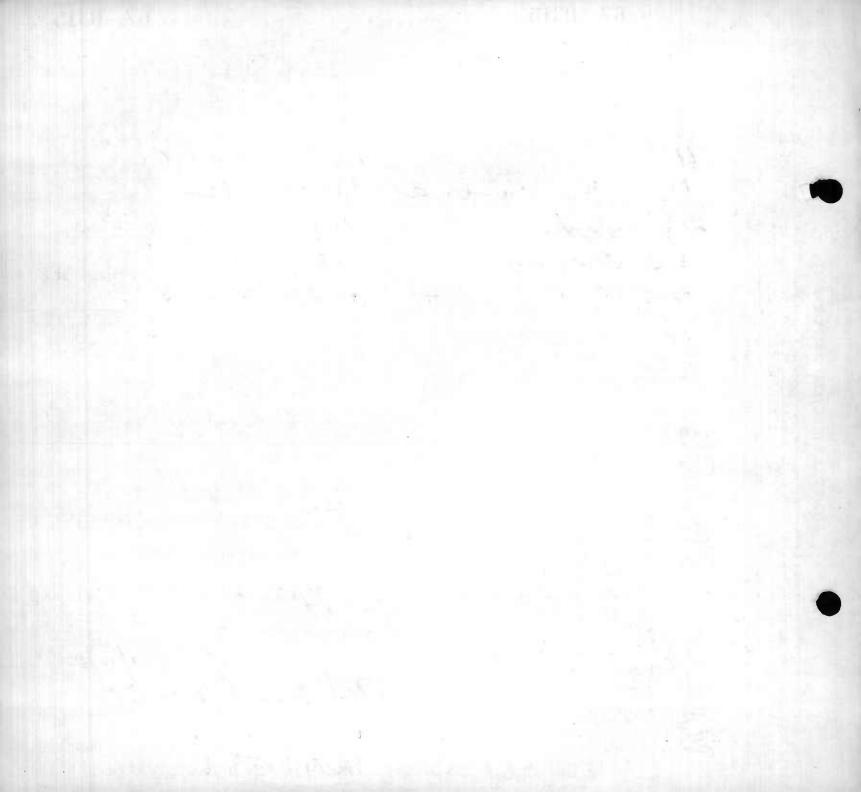
	07 0040	BALTIMORE CITY	HEALTH DEPARTMENT		C7 0240
111	I NO. 67 0313	CERTIFICA	TE OF DEATH	Registered Na	07 0313
1. NA	ME OF DECEASED	000	2, DATE AN	D HOUR OF DEATH	
(Type	ar Print) (1):11/10.20	P. Collin	1.5	1-9-67	
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND	11 00/1/	4. USUAL RESIDENCE (When	to deceased lived. If in-	stitutian: residence befare admis:
			A. STATE , B. COUN	TY	sillonali. residence belare admis
FU	JLL NAME OF (If not in haspital as institution,	nive street	md		
HO	OSPITAL OR address or location)	give alleet	C. CITY OR TOWN (If aut	side city limits Trita R	URAL and give township
tN	STITUTION		1 Ba 1 +.	]	V - C/
10	- 1 / //	//	04210	0	0 //
41	ANDERSON NUR	SING- Home	4.	rural, give lacation)	1.
1	3/1/03/1/30/1		3605 GWYN	IN CAKI	4ve
5. SE	X 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
N	1016 L WIDOWE	D, DIVORCED (specify)	12-20 1667	lost birthdoy)	Months Days Hours M
11	THE WATE MAN	RIED	10-20-1881	17	
	USUAL OCCUPATION (Give kind of work 10B, KIND Oduring most of working life, even if relired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn caulitry)	12. CITIZEN OF WHAT COUNTRY?
	DA ADD		Ball	a mal	1.01
00	PPRYISOR-BYUKI		NOTETIMOR	1110	UJA
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	VIEF	
	111111 P 111	2 101	(Atlania	o Carl	1.1
5. W	as Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	e 6016	ADDRESS
Yes,	no prunknown) (If yes, give wor or dotes of service)	SECURITY NO.	AA i	- 0	C ADDRESS
1	100 11111T		MARGARITA	- Called 5 -	JAME
1	8. 4. 0	CAUSE O	F DEATH	/ / // 2	INTERVAL BETWEEN
	72010	CAUSE O	^		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		0.1051	/	310/
	LEADING TO DEATH	(A)	releve thro	my	24 Now
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,		Region	ent.	
	injury or complication which coused death.)		0		6/
	ANTECEDENT CAUSES	(B)	Francho - An	Cumprin .	Lden
		DUE TO		1 1 1	
	DISEASES OR CONDITIONS, if any, giving	0 -	1: 10 1	- LL. 17	100
	rise to the obove cause (A) stating the UNDERLYING CONDITION lost,	(C) Us/	ins server		10 92
				Deseare	
z	II SOMETIME	. 1.	1.1 1.1	0 0	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO THE DEATH BUT NOT RELATED TO THE		ralyiel arten	o. Ille -	
₹	DISEASE OR CONDITION CAUSING IT.	0 3/4	- year	- June	7
U T	9A. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
RTIFI	WAS PERFORMED			IN CERTIFYING CAL	SES OF DEATH?
124	PIA. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.a. i	n ar about 21 C. WHERE DID	(If in Baltimare	City, give exoct locotion)
7 0	OR CONTRIBUTING CAUSE OF hon	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?		, , , ,
V	DEATH (natify medical examiner) etc.	a)			
0 2	PID. TIME (Month) (Day) (Year) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
>	OF INJURY	nile At Not Whil			
(	APPROX.)				
2	2. I certify that (I) (this haspital) attended t	he deceased from	2076-12	19 / 2 to lan	- 9 106
1		11		1.7	the state of the s
1	hat (1) (we) last saw the deceased alive an	17.7	19.67 and the	at in (πίζν) ((goder) apin	ian death accurred an the
a	and haur and fram the causes stated abave. (	1) (# (did) (didaret) v	riew the bady after death.		
	3A. SIGNATURE				238, DATE SYGNED
	2 0 0 01 1	M.D. Atte	ending Med.	Stoff	1/1/1/1
	Part I. Thumber	Phy		Phy s.	1/10/01
2	3C. PHYSICIAN'S		23D. ADDRESS	1 11 1	
	NAME (Type)	M.D.	HING. PI.	+ Ma B	11.
	FOR L. ( ham PEI	7	1105 fiber	17 / JOH	umore The
24A.	BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CRI	MATORY 24D. L	OCATION (Cit	y, town, or county) (Sta
	Para a i I IR-17 N	0 ( 11.1.	a/ /bn /p	10/1/	m./
1	JURAN 1-13-6/ /16	W CATLEDIC	Ch (em.	ALTIMORE,	IN
25Å.	DATE RECTO BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C FUNERAL DIRECTOR	1	ADDRESS
		STOLEN, M. B.	F11 011	Ila an a accept	.11 -11 11.11-
		ACTORDON AND	1 1 C 11 1 2 Sugary 1	48 N H/III	(IKANI) IN LULLINGE
/C 1/	50. PFV 1/1/65	COO COOP WE	LUSWORTH	TRIVIACOSI -	400-021D HEATS



	CM 0034		BALTIMORE CIT	Y HEALTH DEPARTMENT		67	0314
B)RTH NO.	67 0314		CERTIFICA	TE OF DEATH	Registered No.		00.1.1
M.E. CASE NO.	EASED			2. DATE	AND HOUR OF DEATH	1	
(Type or Print)	HESTER F	OSTER			3/10/67		11:45 A
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (V	Where deceased lived, II	institution: resid	ence before odmission
FULL NAME O	E (If not in bounted	es Institution	and the state of	MARYLAND			
HOSPITAL OR	F (If not in hospital oddress or location	n)	give sheat		outside city limits, write	R⊯RAL—and gi	ve tawnship)
	Ed. 1 Maca-		4	BALTIMORE		15	0/
11/11/14	ERAN HOSPIT	AC OF	MARYCAND		(If rural, give location)		
40				ROLANDVIEW	TOWERS 382	0 Roland	Avenue
- SEX	6. RACE		, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		Yr. II Under 24 H ys Hours Min.
Female	White		D, DIVORCED (specify)	6/16/93	lost birthdoy)	Months Do	ys Hours Min.
		1	F BUSINESS OR INDUSTR	1 1		12, CITIZEN	OF
	working life, even if retired)					WHAT	COUNTRY?
At Hom				Baltimore		USA	
3. FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN	NAME		
Fred H	eisse			Unknown			
5. Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		A	DORESS
	(If yes, give wor or date	es of service)	SECURITY NO.	A A	-616 Alders	hat Dag	4
NO	Ø 1.		NONE	Anna Minton	-010 Alders		ERVAL BETWEEN
18. 4-2	21/		CAUSE	DF DEATH			SET AND DEATH
	E OR CONDITION DI LEADING TO DEATH	RECTLY		CUA LE	FT		
	at mean the made of	dvina. e.a.	(A) DUE TO		***************************************		
heart failure,	osthenio, etc. It meons	the diseose		A == .			
, ,	plicolian which coused		(B)	ASHD			
	ANTECEDENT CAUSES		DUE TO	1.			
	R CONDITIONS, if obave couse (A)			intere ane	mia		
	CONDITION lost.	sidiling inte	(C)	1			
	П		6	0			
OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTIN	IG				
	EATH BUT NOT RELACED CONDITION CAUSING		HE				
19A. DATE OF	OPERATION 198. COM	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED
19A. DATE OF	WASTER	FORMED FOR	& Cheenty	god	IN CERTIFIING CA	AUSES OF DEA	VIII ?
U 21A. ACCIDEN	T WAS UNDERLYING	211	PLACE OF INJURY (e.g.,	in or about 71 C. WHERE DIE	(II in Boltimo	ore City, give e	xoct locotion)
DEATH (notify	TING CAUSE OF medical examiner	etc	me, form, foctory, street,	olfice bldg., INJURY OCCUR	;		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 218	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY	,		hile At 🖂 Not Wh				
(APPROX.)			ork At Work				
22. 1 certify	that (1) (this hospita	1) attended	the deceased from	17/25/66	19 to	1/10	19 6
that (1) (we)	lost sow the decease	ed alive on	1/10/67	19ond	that in (my) (our) ap	oinion death o	accurred an the d
				view the bady ofter dea			
23A. SIGNATU		) 4,	(17 (112) (010 1101)	view like budy offer ded	1110	23 B. DATE S	IGNED
Do	and decement L	Habe	an M.D. AI	tending Med.	Stolf -	1/	107
7-3		/	Ph	tending Med. ys. Director	Phys,	11	961
23C. PHYSICIA	N'S ype)	,		23D. ADDRESS	4 .00 -	1	0
1 0 1	aso L. H	SARON	JR M.D.	. Luthern	Horpotal of	money	n
AA. BURIAL CREA	MATION, 24B. DATE	24C. N	AME OF CEMETERY OF CI	REMATORY 24D	LOCATION (	City, town, C	ounty) (Stote)
REMOVAL (S			11 7 11 6		141	11	
Burial	1-12-6	Dri	uid Ridge Cer	netery E	Baltimore, Ma	aryland	ADDRESS
IDM. DATE KEC'D	IAN 10 1007	A A	ON TEN O	25C. FUNERAL PIREC	17		
•	JAN 12 1967	Wolkel	TE JOHNHA	Celter Me	\$600 Libe	rty Hgh	ts.Avenue
10 2 00 BELL 2 /2 //							



BIRTH NO.	315 CF	RTIFICATE OF DEAT	Registered No	. 67 0315
M.E. CASE NO.				
I, NAME OF DECEASED	n		TE AND HOUR OF DEAT	
LEONARD	ANDERSON	/	JAN 10	1967 1 7:40
3. PLACE OF DEATH IN BALTIMORE	MARTLAND		(Where deceased lived, If COUNTY	institution: residence before o
FULL NAME OF (If not in ho HOSPITAL OR oddress or I	spital or institution, give street	ms		
INSTITUTION (D)	11/	C. CITY OR TOWN	(Il outside city limits, writ	e RURAL and give township)
Mariles de	new Horfilet	D. STREET ADDRESS	.(If rutol, give location)	0 0
48		// -	Enden du	
5. SEX 6. RACE	7. MARRIED, NEVER M.	ARRIED B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under Months; Doys Hours;
Male Whit	WIDOWED, DIVORCI	el 9/17/04	lost bighdoy!	Months Doys Hours
10A, USUAL OCCUPATION (Give kind	ol work 108, KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACETSTOLE	or foreign country)	12. CITIZEN OF WHAT, COUNTRY?
done during most of working life, even if re	(ined)	my		USA
13. FATHER'S NAME		14. MOTHERS MAIDE	N NAME	776
EB. and	using	Ann	of Itull	
5. Was Deceased Ever in U. S. Arm		L 17. INFORMANT	1.	ADDRESS #
(Yes, no or unknown) (If yes, give wor o		11-9879 daughter	- M. Hine	2 1012 Ka
18.	212=0	CAUSE OF DEATH	- 14	INTERVAL BETW
DISEASE OR CONDITIO	N DIRECTLY			ONSET AND DE
LEADING TO DE		(A) Pulmorany Ed	ieman	
(This daes not mean the made heart failule, asthenia, etc. It n				
injury ar camplication which co		Consistence Him	t falue	
ANTECEDENT CA		DUE TO	00 000 vvia 0 drug 0m da mana a man 4444440 o consesso	
DISEASES OR CONDITIONS,		(C) Artema Lewitz	Canbiovani	on prime
DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION los	(A) stating the	and Primary Myr	Cardiovacul	on Draine
rise to the above cause UNDERLYING CONDITION to:	(A) stating the	(B) Congestive Heri DUE TO (C) Arthur Saunte and Primary Myr	Candiovascul	on Driene
rise to the above cause UNDERLYING CONDITION to	(A) stating the st.  NS CONTRIBUTING RELATED TO THE	and Primary Myr	Conditional Duscon	on Disione
rise to the above cause UNDERLYING CONDITION to:  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	(A) stating the st.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP		or No) 20B. IF YES, WER	E FINDINGS CONSIDERED
OF THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF OPERATION 198. WA	(A) stating the st.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP S PERFORMED		or No) 20B. IF YES, WER	
OF THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF OPERATION 198.	(A) stating the st.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP S PERFORMED	ERATION 20A. AUTOPSY? (Yes	or No) 20B, IF YES, WER	E FINDINGS CONSIDERED
OF THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 1994. DATE OF OPERATION 1984.	(A) stating the st.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP S PERFORMED		or No) 20B, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OF THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF OPERATION 198.	(A) staling the sit.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP S PERFORMED  OR 21B. PLACE OF home, form, for etc)	INJURY (e.g., in or obod) 21C. WHERE ctory, street, office bldg., 21F. HOW D	or No) 20B, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
rise to the above cause UNDERLYING CONDITION to:  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS:  19A. DATE OF OPERATION 19B.  WA  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notily medical examiner)  OTHER SIGNIFICANT CONDITION TO THE PROPERTY OF CAUSE O DEATH (notily medical examiner)  OTHER SIGNIFICANT CONDITION TO THE PROPERTY OF CAUSE O DEATH (notily medical examiner)	(A) stating the st.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP S PERFORMED  21 B. PLACE OF home, lorm, for etc.)	INJURY (e.g., in or oboot 21C. WHERE ctory, street, office bldg.,	Or No.) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
TISE to the above cause UNDERLYING CONDITION to the DEATH BUT NOT DISEASE OR CONDITION CAUSE OF OPERATION 198. WA  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notily medical examiner)  21D. TIME (Month) (Day) OF INJURY	(A) stating the st.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP S PERFORMED  ING 21B. PLACE OF home, form, for etc.)  (Year) (Hour) 21E. INJURY O While At Work	INJURY (e.g., in or object 21C. WHERE ctory, street, office bldg., Not White At Work	Or No.) 208, IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
TISE to the above cause UNDERLYING CONDITION to the DEATH BUT NOT DISEASE OR CONDITION CAUSED TO THE OF OPERATION TO THE OPER	(A) staling the sil.  NS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OP S PERFORMED  ON STATE OF S	INJURY (e.g., in or obost 21C. WHERE ctory, street, office bidg., INJURY OCC CCURRED  Not White At Work  ed fram	Or No. 208, IF YES, WER IN CERTIFYING COUR?  OID UR? (If in Boltim	E FINDINGS CONSIDERED CAUSES OF DEATH?
TISE to the abave cause UNDERLYING CONDITION to:  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Doy)  22. I certify that (I) (this has that (I) (we) last saw the deand have and from the causes	(A) staling the sit.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP PERFORMED  NG 218. PLACE OF home, form, for etc.]  (Year) (Hour) 21E. INJURY O While At work  spital) attended the decease ceased alive an	INJURY (e.g., in or obost 21C. WHERE ctory, street, office bidg., INJURY OCC CCURRED  Not White At Work  ed fram	Or No) 208, IF YES, WER IN CERTIFYING COUR?  ODID (If in Boltim UR?)  ODID (If in Boltim Bolt	E FINDINGS CONSIDERED CAUSES OF DEATH?
TISE to the above cause UNDERLYING CONDITION to:  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  OF INJURY (APPROX.)  22. I certify that (I) (this hose that (I) (we) last saw the death	(A) staling the sit.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP PERFORMED  NG 218. PLACE OF home, form, for etc.]  (Year) (Hour) 21E. INJURY O While At work  spital) attended the decease ceased alive an	INJURY (e.g., in or obod) 21C. WHERE ctory, street, office bldg., NJURY OCC  CCURRED  Not White At Work  ed fram  19 6  (dld not) view the bady after d	Or No) 208, IF YES, WER IN CERTIFYING COUR?  ODID (If in Boltim UR?)  ODID (If in Boltim Bolt	E FINDINGS CONSIDERED CAUSES OF DEATH?
TISE to the abave cause UNDERLYING CONDITION to:  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Doy)  22. I certify that (I) (this has that (I) (we) last saw the deand have and from the causes	(A) staling the sit.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP PERFORMED  NG 218. PLACE OF home, form, for etc.]  (Year) (Hour) 21E. INJURY O While At work  spital) attended the decease ceased alive an	INJURY (e.g., in or obod) 21 C. WHERE ctory, street, office bldg., INJURY OCC CURRED  Not White At Work  add from 19 19 19 19 19 19 19 19 19 19 19 19 19	DID (If in Boltim UR?  IN CERTIFYING COUR?  ID INJURY OCCUR?	te FINDINGS CONSIDERED CAUSES OF DEATH?  Tore City, give exact locotion)  JE 19  plnian death occurred an
TISE to the above cause UNDERLYING CONDITION to the UNDERLYING CONDITION to the UNDERLYING CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAU	(A) staling the sit.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP PERFORMED  NG 218. PLACE OF home, form, for etc.]  (Year) (Hour) 21E. INJURY O While At work  spital) attended the decease ceased alive an	INJURY (e.g., in or obod) 21C. WHERE ctory, street, office bldg., NJURY OCC  CCURRED  Not White At Work  ed fram  19 6  (dld not) view the bady after d	DID (If in Boltim UR?  IN CERTIFYING COUR?  ID INJURY OCCUR?	te FINDINGS CONSIDERED CAUSES OF DEATH?  Tore City, give exact locotion)
TISE to the abave cause UNDERLYING CONDITION to:  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE COND	(A) staling the sit.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP PERFORMED  NG 218. PLACE OF home, form, for etc.]  (Year) (Hour) 21E. INJURY O While At work  spital) attended the decease ceased alive an	INJURY (e.g., in or obod) 21C. WHERE ctory, street, office bldg., INJURY OCC  CCURRED  Not White At Work  at Work  At Work  At Hending Med. Director	DID (If in Boltim UR?  IN CERTIFYING COUR?  ID INJURY OCCUR?	te FINDINGS CONSIDERED CAUSES OF DEATH?  Tore City, give exact locotion)
TISE to the abave cause UNDERLYING CONDITION to:  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS.  19A. DATE OF OPERATION 19B. WA  21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Doy)  21D. TIME (Month) (Doy)  22. I certify that (I) (this hose that (I) (we) last saw the deand have ond fram the cause:  23A. SIGNATURE	(A) stating the st.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP S PERFORMED  ING   218. PLACE OF home, lorm, for etc)  (Year) (Hour) 21E. INJURY O While At Work  spital) attended the decease ceased alive an	INJURY (e.g., in or obod) 21C. WHERE ctory, street, office bldg., NJURY OCC NOT WHERE NJURY OCC NOT WHERE NJURY OCC NOT WHERE NJURY OCC NOT WHITE NJURY OCC NOT WHITE NJURY OCC NOT WHEN NOT WHITE NJURY OCC NOT WHEN NJURY OCC N	DID (If in Boltim UR?  IN CERTIFYING COUR?  ID INJURY OCCUR?  Ind that In(my) (aur) a ceath.	te FINDINGS CONSIDERED CAUSES OF DEATH?  Tore City, give exact locotion)    19
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TISE to the abave cause UNDERLYING CONDITION to the SIGNIFICANT CONDITION TO THE DEATH BUT NOT TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF DISEASE OR CONDITION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE	(A) stating the sit.  NS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OP SPERFORMED  (Year) (Hour) 21E INJURY O While At work  spital) attended the decease ceased alive an stated abave. (I) (We) (di	INJURY (e.g., in or obod) 21C. WHERE ctory, street, office bldg., INJURY OCCURRED  Not White At Work  At Work  At Honding Med. Director  M.D. Attending Med. Director  23D ADDRESS  M.D. 23D ADDRESS  M.D. 23D ADDRESS  METERY OF CREMATORY  Age Cemetery	DID (If in Boltim UR?  IN CERTIFYING COUR?  ID INJURY OCCUR?  Ind that In(my) (aur) a ceath.  Stoff Phys.  PAD. LOCATION (ACCOUNT)	plnian death occurred an



Mt Auburn Cemetery

248. NAME OF REGISTRAR

Balto., Md.

Wm C March 928 E. North Ave.

24C. FUNERAL DIRECTOR

ADDRESS

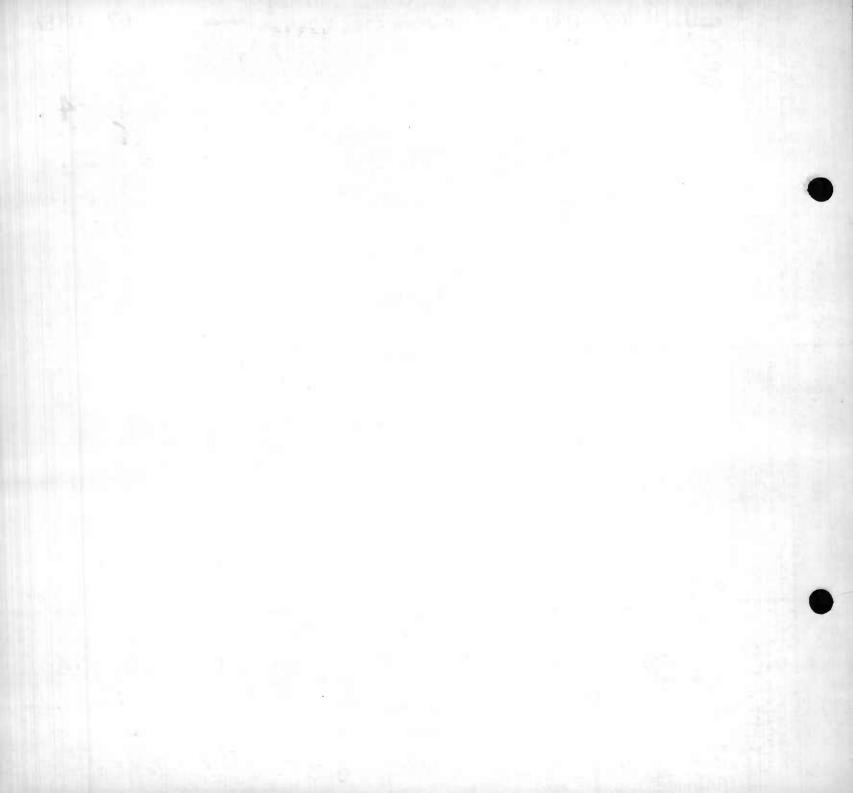
REMOVAL (Specify)

Burial

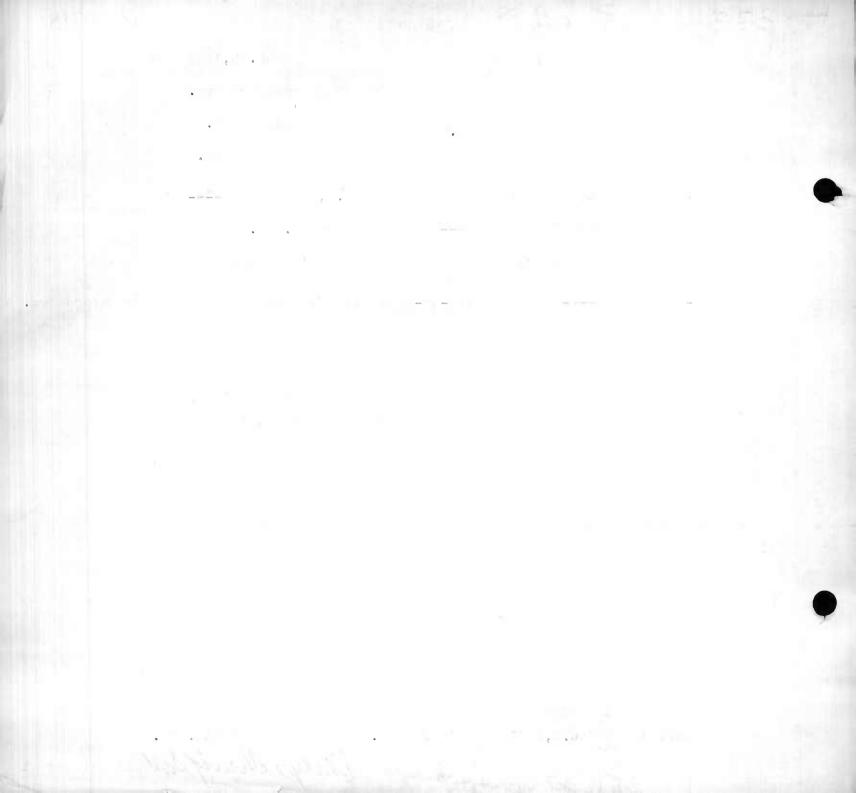
24A. DATE REC'D BY HEALTH DEPT.

/10/67

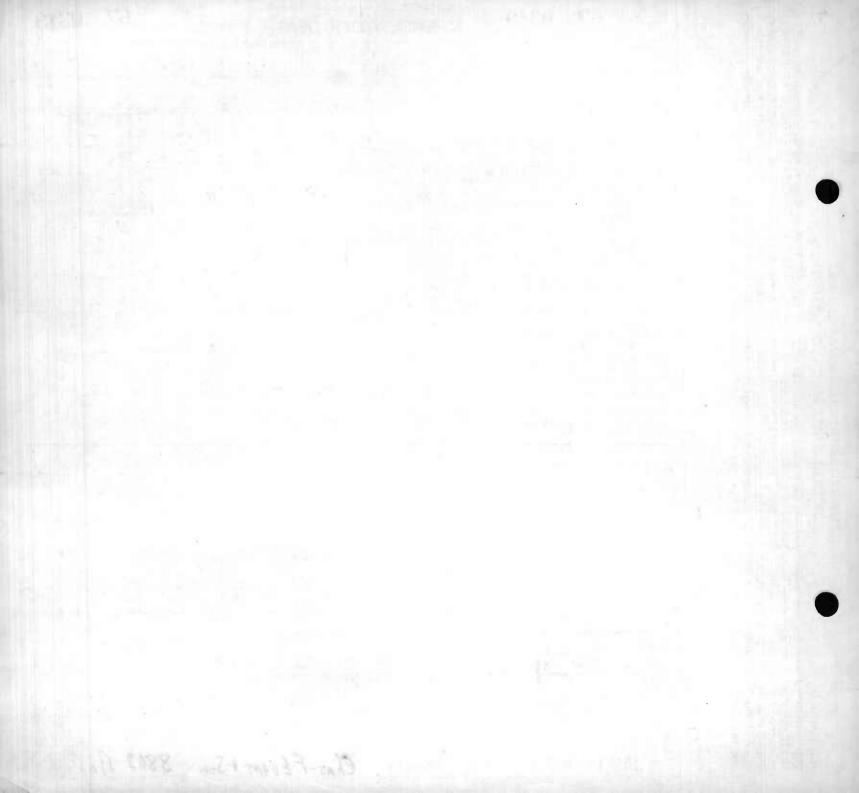
CM OOLE	BALTIMORE CITY HEALTH DEPARTM		CM OOJE			
BIRTH NO.  M.E. CASE NO.  1. NAME OF DECEASED  (Type of Print)	CERTIFICATE OF DEA		<b>b/</b> 0317			
1. NAME OF DECEASED (Type of Print)  JEE  CULLEN  3. PLACE OF DEATH IN BAUTIMORE MARYLAND		ATE AND HOUR OF DEATH	3 20 PM			
FULL NAME OF (II not in hospital or institution, gr	A. STATE E	E (Where deceased lived. If in B. COUNTY	nstitution; residence b <b>∉</b> lafe <sup>l</sup> admiss			
HOSPITAL OR oddress or locotion)	BALTIM	(II autside city limits, write I  ORE  (If rurol, give location)	RURAL and give towns 10			
LUTHERAN HOSPITAL	OF MARYLAND 3025	WINDSOR AL	VE			
3 NEGRO WIDOWED.	NEVER MARRIED DIVORCED (specify)  B. DATE OF BIRTH  7-26-8		If Under 1 Yr. If Under 24   Months Doys Hours Min			
10A, USUAL OCCUPATION (Give kind of work) 10B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stol.	e or foleign coufitry)"	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME				
15. Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (II yes, give wor or doles of service)	16. SOCIAL SECURITY NO. 214-14-7342 Rev Ells	Smith 242	Shirley Ave			
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH  (This does not mean the made of dying, e.g.,	(A) UREMIA					
heart failure, asthenia, etc. 11 means the disease, injury ar camplication which caused death.)	15H/1/1	)				
ANTECEDENT CAUSES	DUE TO					
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the UNDERLYING CONDITION last.	(C) PNEUMON	VIA				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B.	HICH OPERATION 20 A. AUTOPSY? (Y	es or No. 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in or obout 21C. WHERE e, lorm, foctory, street, office bldg.,	DID (If in Boltimore	e City, give exact lacation)			
OF INJURY (Month) (Day) (Year) (Hour) 21E.	Not While At Work	DID INJURY OCCUR?				
22. I certify that (I) (this hospital) attended the deceased from JAN 8 1967 to JAN 9 1960 that (I) (we) lost saw the deceased alive on JAN 9 1960 and that in (my) (our) apinion death accurred on the						
and hour and from the couses stated above. (I)			mion deorn occurred on the			
23A. SIGNATURE	Km. M.D. Attending Med. Direct	or Stoff Phys.	23B. DATE SIGNED			
23C. PHYSICIAN'S NAME (Type)	WIM M.D. JUTHERA	IN HOSDITAL	DE MARKI AKI			
24A. BUNAL CREMATION, 24B. DATE 24C, NA REMOVAL (Specify) 1/12/67 M	ME of CEMETERY OF CREMATORY	Pane Atu	ily, town, ar county) (State			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	F REGISTRAR 25C. FUNERAL D		ADDRESS			
JAN 12 1967 Robert	) C' Monagaine May C	Giarces	108 E. 1466 16			



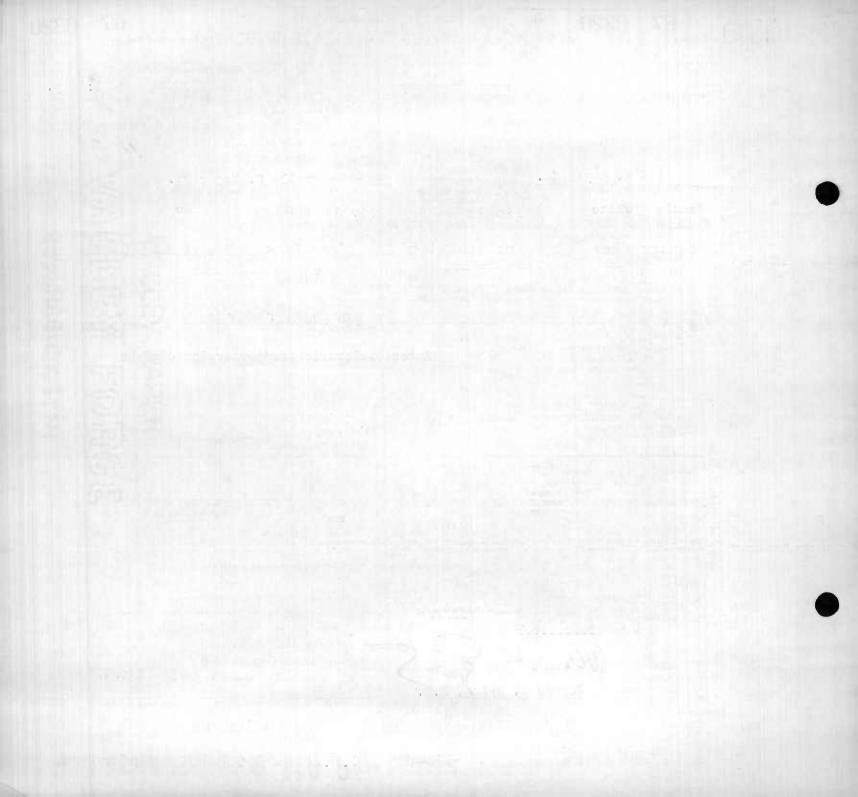
BALTIMORE CITY HEALTH DEPARTMENT

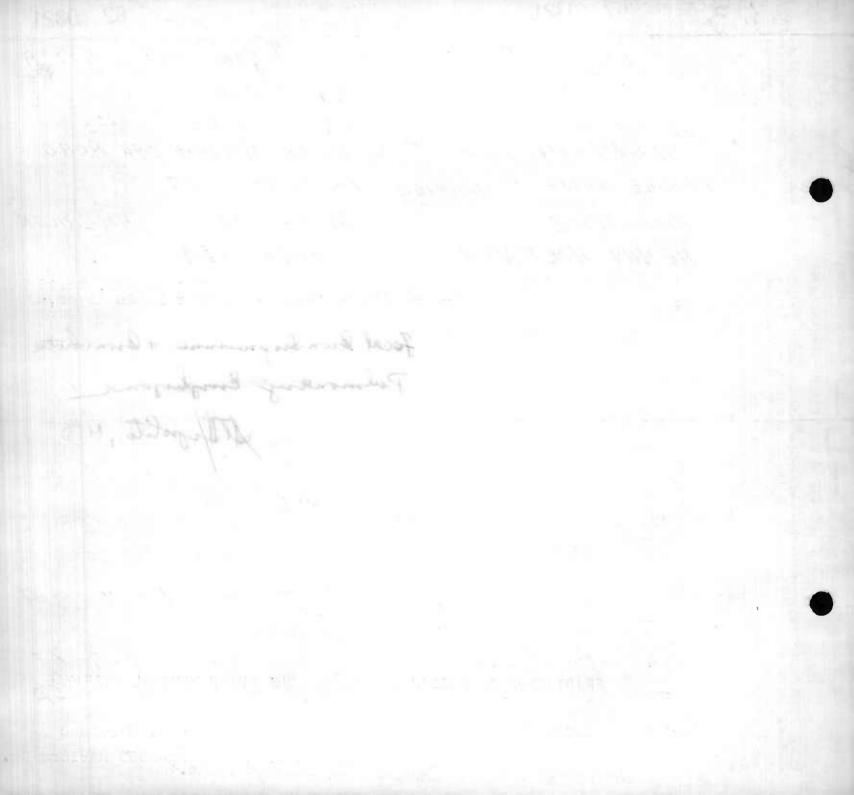


0010	BALTIMORE CITY	HEALIH DEPAKIMENT		OM OO.
ыкти но. 67 0319	CERTIFICA	TE OF DEATH	Registered Na	6/ 0319
M.E. CASE NO.  I, NAME OF DECEASED	OEKTII TOX		D HOUR OF DEATH	
(Type or Print) WALTER	HOWARD		- 11 -1967	9.25 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	HOWFICH			hitution: residence before admission)
		A. STATE B. COUN	**	D. DA C.
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	on, give street	MARYLA		O NEED LOW
INSTITUTION		C. CITY OR TOWN (If out	-	JRAL and give township)
1/9 1/20+4 6 1001-		D. STREET ADDRESS (If I	10 (CE	5.3-00
47 NORTH CHARLES	GEN. HOSPITAL	77/20	E. JOPP	1 P 1
5. SEX   6. RACE   7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH		
WIDO	WED, DIVORCED (specify)		ost birthdoyl	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINE	MARRIED	11. BIRTHPLACE (State or foreign	16	12. CITIZEN OF
done during most of working life, even if retired)	OL BOSHAESS OF HADOSIKI	11. DIKINFLACE (Stole of foreign	in contry)	WHAT COUNTRY?
MOTORHAN BALT	O. TRANSIT CO.	MARYZA	ND	15.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
JOSHOWARD		HeLen B	Megal	× 07. ×
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	17	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of serving)	SECURITY NO.	NORTH (	HARIES	EN. HOSP. CHART.
18. // 2/ 3 / 1	CAUSE 0	DEATH	6	INTERVAL BETWEEN
	CAUSE	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	("	EREBRA . VAS	CILLAR Accion	7 - 4 Dais
(This does not mean the mode of dying,	a.g., DUE TO	EREBRO - VAS	COEMA MICCIPE	2 0-75
heart failure, asthenia, etc. It means the diser				
ANTECEDENT CAUSES	(B) /7 Y	bertensive AS	CVD	10 years
DISEASES OR CONDITIONS, if ony, give				
rise to the above couse (A) stating				
UNDERLYING CONDITION last.				
- II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IE VEC WERE EI	NDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	ZON. AUTOPST: Tres of Hor	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(II in Boltimore	City, give exact location)
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg. INJURY OCCUR?	tii iii bollimore	ent, give exoct locollolli
O DESIGN (notify medical examine)				
21D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
<pre>(APPROX)</pre>	While At Not While Nork Nork			
22. I certify that (1) (this hospital) attended	ed the deceased from	12-31	966 10 /	- 11 1967
that (1) (we) last saw the deceased alive	#	4		an death accurred an the date
and haur and from the causes stated above			(331) 35111	an accorded on the date
23A. SIGNATURE	(4e) (bia) (dia nat) v	lew the body after death.		23B. DATE SIGNED
De Dian F	M.D. Atte	ndina Med.		11
ar. guan F. O			Stoff Phy s.	1-11-1967
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	4 . 1 -	
DR. SHELDON GOLDGEI	ER M.D.	848 W. 36	St. BA	LTO. Md. 21218
	NAME of CEMETERY OF CRE	MATORY 24D. LC		, town, or county) (Slote)
Diginal (Specify)	PoPoLAR GRE	aue la	BALTO	1. Md
25A. DATE REC'D BY HEALTH DEPT. 1 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	DALIO	ADDRESS
JAN 12 1967 R.O.	R. D. FA. O. MA	OLO F.C. MAN	8 27+3	802 HarFord The
	TO C' MONTHAY, MA	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	, JOH U	1141.00
VS 150-REV. 1/1/65				



M.E. CASE NO.	TO TE EXPONENTIAL OF		
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED	DEAD
(Type or Print)	Margaret Freeney	1/9/67	1:40 p. M.
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived, If institution A. STATE B. COUNT	on: residence before admission
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If autside carporate limits, write RU	RAL and give township)
INSTITUTION		Baltimore	11-51
00		D. STREET ADDRESS (If rural, give location)	1. 01
114 E. Eager St	•	114 E. Eager St.	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
female white	single	Nov 11 1887 80'	
IOA. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	108 KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	WHAT COUNTRY?
stenographer 13. FATHER'S NAME	Bus. zoffice	New York	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
UNKNOWN		UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMEE (Yes, no arunknawn) (If yes, give war ar date		17. INFORMANT	DDRESS
no		Personal records	
1B. 0	CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	RECTLY		
LEADING TO DEATH	AILEI.	iosclerotic cardiovascular dise	ease
(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which coused	s the disease, death.)		
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	ANY, GIVING (B)		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CON WAS PER	LATED TO THE		
	NDITION FOR WHICH OPERATION REPORMED	20A. AUTOPSY? IYes or No.) 20B. IF YES, WERE FINDI	
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.)	., in ar about 21C, WHERE DID (If in Baltimore City, give e office bldg., INJURY OCCUR?	exoct locotion)
21D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		21F. HOW DID INJURY OCCUR?	
22. I certify that I held on I		utopsy and that on this basis, deoth in my a	pinion
resulted from: Natural ca	uses X Accident Suici	ide Hamicide Undetermined manner	
ACTUAL SIGNATURE Wern	sh. 525	D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	er U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	1/9/67
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, tow	vn, or caunty) (State)
Burial 1/12/ 24A. DATE REC'D BY HEALTH DEPT.	New Cathed	ral   Balto Md.	ADDRESS
JAN 12 1967	Robert E. Farluna	C.F.EVANS & SON 8802 H	
VS 151-REV. 1/1/65			





Affidavit statement from widow of decedent re latter's marital status. Letter from informant re Soc.Sec.No. & War Service.

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N. 38:28 

	0004		BALTIMORE CIT	Y HEALTH DEPARTMENT		67	0204
BIRTH NO.	67 0324		CERTIFICA	ATE OF DEATH	Registered Na.	07	0324
M.E. CASE NO.	CEASED		<u> </u>		AND HOUR OF DEATH		
(Type or Print)	Clyde	Thomas	Harris		11/67		12:30 P.
3. PLACE OF D	EATH IN BALTIMORE, A			4. USUAL RESIDENCE (W	here deceased lived. If in		
				A. STATE B. COL	YTAL		
HOSPITAL OF			give street	Maryland		Olio Af 1 -	
INSTITUTION				C. CITY OR TOWN (IF	outside city limits, write	RURAL and gi	(ve township)
10 BA	e-wil 134	C 1 4 6			If rural, give location)	0	77
210	1 W. Cold S	Spring	Ia.		airmount Av	70.	
5. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Months: Do	Yr. , If Under 24
M .	W.	WIDOWE	D, DIVORCED (specify)	9/9/92	last binhday	Months Do	oys Hours Mi
OA. USUAL OC	CUPATION (Give kind of w	100	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo		12, CITIZEN	1 OF
	of working life, even if retired					WHAT	COUNTRY?
				Maryland		U.S.	.A.
3. FATHER'S NA		q		14. MOTHER'S MAIDEN N			
Unkye	orge Harri			Unk Belle	Brown		
	ed Ever in U. S. Armed		16. SOCIAL SECURITY NO.	17. INFORMANT		AT A ET	DDRESS
. Joyna of Unknov	yes, give wor or a	T. CO OI SCIVICE!	172-01-262	A Ralph Rob	inson 203 l Harrisbu	N. 45t	n st.
18. /	7 7) .			OF DEATH	Harrisbu.	INT	TERVAL BETWEEN
100	9100		ON032	OI DEATH			ISET AND DEATH
DIZE	ASE OR CONDITION I LEADING TO DEAT		Λ		(1 1-		
(This door			(A)HOC	nocarcinoma	of the live	21-	
heart failure	not mean the made e, asthenia, etc. It mea	ns the disease	- Fre	nocatomoma nary site un	Khown		
injuly at co	implication which caus	ed death.)		3			
	ANTECEDENT CAUS	ES	(B)				
	OR CONDITIONS, i		)				
	the above cause (A	A) staling the	(C)		*******		************************
O TO ERE TH							
Z OTHER SIGH	II NIFICANT CONDITIONS	CONTRIBILTIN	ı G				
E TO THE	DEATH BUT NOT RE	LATED TO T	HE				
U 19A. DATE C		ONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES. WERE	FINDINGS CO	DNSIDERED
ER O		ERFORMED		No	IN CERTIFYING CA	USES OF DE	ATH?
U 21 A. ACCID	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Baltimare	e City, give e	xact location)
OR CONTRI	BUTING CAUSE OF	ho		office bldg., INJURY OCCUR?			
0	(Month) (Day) (Yed			215 116111 617	IIIIav Accina		
OF INJURY	Womin/ (Day) (Tec		hile At Not W	21F. HOW DID IN			
(APPROX.)			ork At Wor				
22. 1 certif	y that (1) (this haspit	tal) attended	the deceased from 1	2-23-	1966 to 1 -11		1967
			1 - 0	1 -	•		- 1
	e) last saw the decea			1	that in (my) (aur) opi	nian death	accurred an the
		tated abave.	(I) (We) (did) (did nat)	view the bady after death	1.		
23A. SIGNAT	TURE	10				23B, DATE S	IGNED
GR	Conthell	1	M.D. A	ttending Med.  Director	Stoff Phys.	1717	1-67
23 C. PHYSICI	IAN'S	1		23D. ADDRESS			
CAN	Campha	11	M.D	LICIO MA NI	the Am	Rala	11
24A. BURIAL CE	REMATION, 1248 DATE	11 7 24C N	IAME of CEMETERY or C	REMATORY 24D.	LOCATION IC	DAITIN	County) (State
REMOVAL		, 240.1		240.	TOURISH (C.	y, IOWII, OF C	(3101
Burial	1/14	/67 M1	t. Auburn	В	altimore,	Maryla	ind
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C FUNERAL DIRECTO	O R <sub>2</sub>		ADDRESS
.1	AN 12 1967	(1) P. B	2. Farberma	Charles A	Rice 661	W. Ba	arre St.
VS 150-REV. 1/1	/65						

Amount and answers

W.

alter as account

1618 W. North Ave - T

- Illation Castle

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## 67 0325 BALTIMORE CITY HEALTH DEPARTMENT A EDICAL EYA MAINED'S CERTIFICATE OF DEATH R

No  218-01-1088 Nannie Threat 1206 Bonaparte Ave.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g., heart foilure, ostherio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
ERNEST TREAT  3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  JOHNS HOPKINS HOPKINS HOPKINS OR INDUSTRY II. BIRTHPLACE (Stole or foreign country)  JOHNS HOPKINS HOPKINS HOPKINS HOPKINS OR INDUSTRY II. BIRTHPLACE (Stole or foreign country)  JOHNS HOPKINS HOPKINS HOPKINS HOPKINS OR INDUSTRY II. BIRTHPLACE (Stole or foreign country)  JOHNS HOPKINS H							
3. PLACE IN BATTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION  JOHNS HOPKINS HOSPITAL  JOHNS HOPKINS HOSPITAL  COLORED  JOHNS HOPKINS HOSPITAL  JOHNS HOPKINS HOPKINS HOPKINS HILL RESIDENCE (Where deceosed lived. Il Institution testidence belone domiss and was a composite by the loss birther belone belone domiss and was a composite by the loss birther belone belone domiss and was a composite by the loss birther belone belone belone domiss and was a composite by the loss birther belone belone belone domiss and was a composite by the loss birther belone belone belone domiss and was a composite by the loss birther belone belone belone domiss and was a composite by the loss birther belone belone belone domiss and was a composite by the loss birther belone belone domiss and was a composite by the loss birther belone belone domiss and was a composite by the loss birther belone belone domiss and was a composite by the loss birther belone belone domiss and was a composite by the loss birther belone belo							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION  Johns Hopkins Hospital  Joh							
Johns Hopkins Hospital  Johns							
Johns Hopkins Hospital  D. STREET ADDRESS (If rurel, give locotion)  1206 Bonaparte Avenue  5. SEX  ANARIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  May 5, 1915  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Laborer  13. FATHERS NAME  David Threat  David Threat  Disease Or Condition Directly  Leading To Death  DISEASE OR CONDITION DIRECTLY  Leading To Death  Cause Of Death  Cause Of Death  ONSET AND DEA  ANTECEDENT: CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
5. SEX Male Colored Married May 5. 1915  12. Citizen of What Country?  May 5. 1915  13. FATHER'S NAME  David Threat  Disease of Condition Directly Leading to Death  (This does not mean the mode of dire; only of conditions)  Antecedent Causes  Disease or Conditions, if any, giving Rise To the Above Cause (a) Stating the Under Stating The  Under Colored  7. Married, Never Married May 5. 1915  May 5. 1915  8. Date Of Birth  May 5. 1915  9. Age (in yeors less in Under 1 Yr. Ill Under 24 Months)  May 5. 1915  9. Age (in yeors less in Under 1 Yr. Ill Under 24 Months)  May 5. 1915  12. Citizen of What Country?  Farmville, Va.  14. Mother's Malden Name  David Threat  15. Was Deceased ever in U.S. Armed Forces?  16. Social SECURITY NO.  218-01-1088 Nannie Threat 1206 Bonaparte Ave.  CAUSE OF DEATH  (This does not mean the mode of dying e.g., head follow, ostherio, etc. Il mens the disease, injury or complication which coused death.)  Antecedent Causes  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  DUE TO  12. Citizen Of What Indicate Story of Indi							
Male Colored Married Nay 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 Months: Doys Hours 25 Months: Doys May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 Months: Doys Hours 25 Months: Doys May 5 1915 SI Under 1 1/1. II Under 24 Months: Doys Hours 25 Months: Doys Mo							
Marted  Marted							
Ida. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  18. CAUSE OF DEATH  ODISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilule, osthenic, etc. If means the disease, injury or complication which coused death.)  ANTECEDENT: CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
done during most of working life, even if retired)  Laborer  13. FATHER'S NAME  David Threat  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  No  218-01-1088 Namie Threat 1206 Bonaparte Ave.  CAUSE OF DEATH  ONSET AND DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. If means the disease, injury or complication which coused death.)  ANTECEPENT: CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  WHAT COUNTRY?  Farmville, Va.  17. INFORMANT  ADDRESS  CAUSE OF DEATH  ONSET AND DEATH  (A)  Gunshot Wound of Chest  DUE TO  (B)  DUE TO  DUE TO							
David Threat  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  No  218-01-1088 Nannie Threat 1206 Bonaparte Ave.  CAUSE OF DEATH  ONSET AND DEATH  (This does not meon the mode of dying, e.g., heard foilure, ostherio, etc. If meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  No  218-01-1088 Namie Threat 1206 Bonaparte Ave.  CAUSE OF DEATH  ONSET AND DEATH  (This does not meon the mode of dying, e.g., head foilure, ostherio, etc. If meons the disease, injury or complication which coused death.)  ANTECEPENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., head foilule, ostherio, etc. If meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying e.g., heart foilule, osthenic, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
UNDERLYING CONDITION LAST.							
(C)							
CC)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING IT.    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or Not   20B. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED  Yes  IN CERTIFYING CAUSES OF DEATH?  Yes							
₹ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exect location)							
O UNDERLYING WOR CONTRIB- home, lom, foctory, sweet, office bldg., INJURY OCCUR?							
Basement Bar 926 N. Gay Street    Street   Stree							
27. AT WORK AT							
l certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion							
resulted from: Natural couses Accident Suicide Homicide X Undetermined monner							
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED							
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X							
EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER 1/11/67							
23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)							
Burial 1/14/67 Mt Calvary Cemetery Anne Arundel Cty., Md.							
2/4 DATE DEC'D RY HEALTH DEPT 2/8 NAME OF DEGISTRAD 2/4C FUNERAL DIDECTOR ADDRESS							
JAN 12 1967 Robert E. Farker Mm March 928 E. North Ave.							
VS 151-REV. 1/1/65 Wm March 928 E. North Ave.							

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VS 150-REV. 1/1/65

VS 150-REV. 1/1/65

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3515 Cliffmont Avenue

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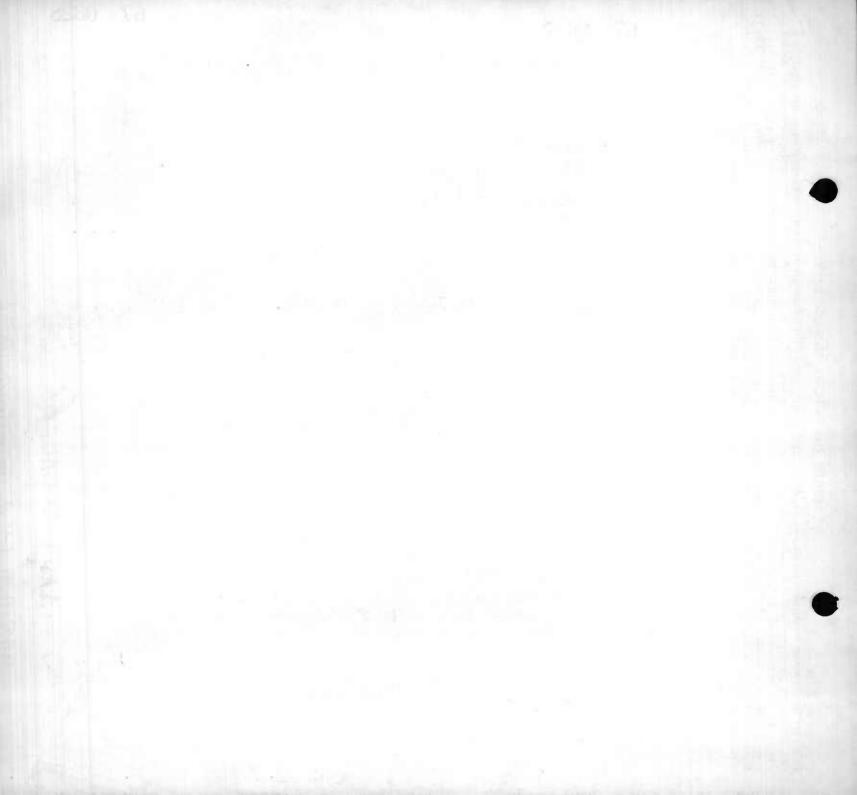
Stille

6-26-06 60 Maryland

Elsie Carl

Housewife

Albert Wiblett

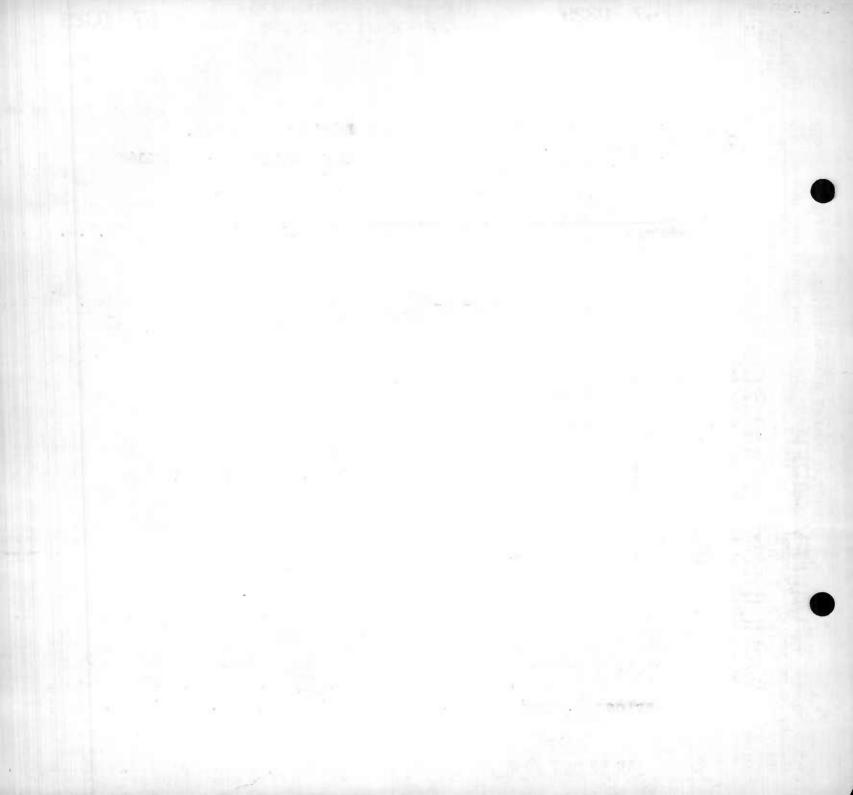


IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



C.434

VS 151-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

	TH NO. 67	3 MEDIC	AL EXA	AMINER'S C	ERTIFICAT	TE OF D	EATH Register	red No. 7.	0330
1.	NAME OF DECEASED					2. DATE AND	HOUR PRONOUNCE	D DEAD	
{ I y	rpe or Print)	GUSS	SIE	CALDWELL		Januar	y 5, 1967	. 2	2:20 P.
3.	PLACE IN BALTIMORE, A	AARYLAND, WHER	E PRONOUN	CED DEAD	A. STATE	ENCE (Where derivation)	ceosed lived. If insti B. COU	tution: residence	e before odmissio
HC	LL NAME OF (IF N DSPITAL OR ADD STITUTION	OT IN HOSPITAL ( RESS OR LOCATIO	OR INSTITUTI N)	ON, GIVE STREET	C. CITY OR TOV	VN (If outside o	corporate limits, write	RURAL and g	jive township)
(	1696 Pi	erce Stree	et		D. STREET ADDE	Itimore RESS (Of roral, gi 6 Pierce			
	Female Ne			EVER MARRIED /ORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy) 45		r. If Under 24 Hr
	. USUAL OCCUPATION ( ne during most of working life		KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	State ar foreign	country)	12. CITIZEN C	OF OUNTRY?
13.	FATHER'S NAME			?	14. MOTHER'S M.	AIDEN NAME	11.70		?
	WAS DECEASED EVER I			SECURITY NO.	17. INFORMANT			ADDRESS	
ATION	CEADIN  (This does not meen heef foilure, osthenio, injury or complication  ANTECED  DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON	etc. It means the which coused deall ENT CAUSES DITIONS, IF ANY, CAUSE (A) STATI	ng e.g., discose, h.) GIVING NG THE	(B) DUE TO	ertensive	cardiova	scular dis	ease	
AL CERTIFICATION	21A. EXTERNAL CAUSE	BUT NOT RELATE TION CAUSING IT. ON 19B. CONDITI WAS PERFORI	ON FOR WE	IICH OPERATION  ACE OF INJURY (e.g.,	No	HERE DID (IF	B. IF YES, WERE FIN CERTIFYING CAUS	ES OF DEATH	1?
MEDIC.	UNDERLYING OR CON UTING CAUSE OF DE 21D TIME (Month) OF INJURY (APPROX.)	ATH.	(Hour) 21E	INJURY OCCURRED  ILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	21F. HC	OCCUR?	OCCUR?		
		Natural causes  Charles	S. J	. (771	apsy and	de Und EDICAL EXA	MINER X	r 🗌	ATE SIGNED
	A. BURIAL CREMATION, MOVAL (Specify)  Burial	238. DATE 1/12/67		NAME of CEMETERY o	Cemetry	23D. LO C		town, or count	(Stote)
24/	A. DATE REC'D BY HEAL	TH DEPT. 24	B. NAME OF	REGISTRAR	24C. FUNERA		t and 1206 l	ADD	

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## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.			
1. NAME OF DECEASED	2.	DATE AND HOUR PRONOUNCED	DEAD
Charles K. Wel	ster	1/9/6	7   10:01 a. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. USUAL RESIDEN	CE(Where deceased lived, II instituti B. COUNT	on: residence before odnission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,		yland (If outside corporate limits, write RU	The second of the second
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	(If outside corporate limits, write RU	JRAL and give tawnship)
	Ва	1timore	
7, 7	D. STREET ADDRES	S (If rurol, give locotion)	
Hopkins Hospital	2	36 S. Ann St.	
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVORCE		9. AGE (In years   I	f Under 1 Yr. If Under 24 Hrs. Nonths, Days, Haus, Min.
male white	1-15-	1912 54	
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINE	SS OR INDUSTRY 11. BIRTHPLACE (STO	le or foreign country)	2. CITIZEN OF
done during most of working life, even if retired)	ITY MARYIAN	B	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIL	EN NAME	
JAHN WILLIAMS	Managari	- CRAHAM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	IAL 17. INFORMANT	A	DDRESS
(Yes, na orunknown) (If yes, give wor ar dotes of service) SEC	JRITY NO.		
140	01-1855 HELEN WE	BSTER 236 5, A	NN ST.
1B. 44.	CAUSE OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH (This does not mean the mode of dying, e.g.,		cardiovascular dis	ease
heart lailure, astheria, etc. It means the disease, injury or complication which coused death.)	DUE TO		
injuly of compression which coosed deom.			
ANTECEDENT · CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO		
UNDERLYING CONDITION LAST.			
Z	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING IT.	OPERATION JOSA ALITOREYS (V	N-) IOOP IE WEE WEER CINION	N.CC. CONCIDENCE
WAS PERFORMED	DERATION 20A. AUTOPST? (T	es or Na) 20B, IF YES, WERE FINDI IN CERTIFYING CAUSES	
ZIA, EXTERNAL CAUSE WAS 21B. PLACE C	DF INJURY (e.g., in or obout 21C. WHE	RE DID (II in Rollings City size	annet transfer
UNDERLYING OR CONTRIB- home, form,	factory, street, affice bldg., INJURY O	RE DID (II in Boltimore City, give CCUR?	exoct locolidn/
UTING CAUSE OF DEATH.			
21D TIME (Month) (Doy) (Year) (Haur) 21E. INJU	IRY OCCURRED 21F. HOW	DID INJURY OCCUR?	
(APPROX.) WHILE A	NOT WHILE		
22.			
	ctian X Autopsy and th	nat on this basis, death in my	apinian
resulted fram: Natural causes X Acciden			
ACTUM 144	CHIEF MED	ICAL EXAMINER	DATE SIGNED
SIGNATURE MUSICE h -7	M.D. ASSISTANT MED	ICAL EXAMINER X	
EXAMINER'S		ICAL EXAMINER	1/9/67
NAME (Type) Werner U. Spitz, 1	1.D.		
23A. BURIAL CREMATION, REMOVAL (Specily) 23B. DATE 23C. NAM	e of CEMETERY or CREMATORY	23D. LOCATION (City, lov	wn, or caunty) (State)
BURIAL 1-17-67 HOLY	ROSARY CEM	BAITA	MARYLAND
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGI	STRAR 24C, FUNERAL	DIRECTOR	ADDRESS
JAN 12 1967 Robert E.	Fallenger .		
JAN 12 1967 Recent 2.	JOHN MW	FRER & SONS INC 401	S.CHESTER ST
VC 151-DEV 1/1/45			

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RUKIAL 1-13-67 HLY RESAU CENT KAGE MAKENING

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BALTIMORE CITY HEALTH DEPARTMENT

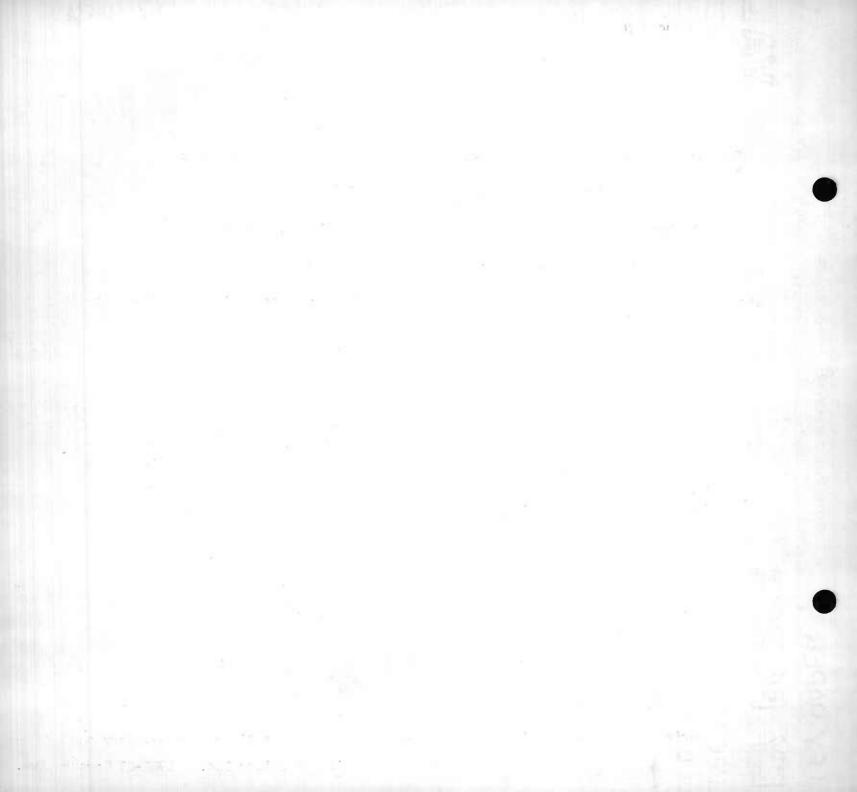
MEDICAL EXAMINER'S CERTIFICATE OF DEATH R.

BIRTH NO. MED	ICAL EXAMINER'S	EKTIFICATE OF	DEATH Registered	Na
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)	Edward L. Schwank		1/10/67	12:20 p.
3, PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (When A. STATE Maryland	deceased lived, If institution B, COUNTY	n: residence before admission)
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCATION	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outsi		RAL and give township)
71		D. STREET ADDRESS (If ruro		
City Hospitals	3	4306 1	Baltimore St.	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	Ta	Under 1 Yr. If Under 24 Hrs.
male white	MARRIE	6-7-1913	53	CITIZEN OF
done during most of working life, even if retired)  LONG SHOREMAN  13, FATHER'S NAME  13	NIVE MIND OF BUSINESS OF INDUSTR	MARYLAND	gii country)	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MATDEN NAM	AE 7	*/
LOUIS SCHWAI	YKE	CECILIA		
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give wor or dote	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
18.		FRANCES FISCI	HWANKE 4306	BALTIMORE ST.
(This does not mean the mode of heart foilure, osthenio, etc., It mean injury or complication which coused  ANTECEPENT CAUSE  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 194. DATE OF OPERATION 1948, CONDITIONS 194. DATE OF OPERATION 1948, CONDITIONS 1954.	deoth.)  S  ANY, GIVING TATING THE  (C)	ssociated with c	alcific aortic	stenosis
19A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
Q 21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.		in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore City, give ex	sect location)
21D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	WHILE AT NOT	VORK 21F, HOW DID INJ	URY OCCUR?	
22. I certify that I held on	nquiry Inspection A	topsy X and that an th	nis basis, death in my ap	ninian
resulted fram: Natural ca			Undetermined manner	
ACTUAL SIGNATURE SIGNATURE SAMINER'S WE'NE		CHIEF MEDICAL E  ASSISTANT MEDICAL E  ASSOCIATE MEDICAL E	XAMINER X	DATE SIGNED 1/10/67
NAME (Type)				
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY HOLY ROSAR	CEM B	ALTO, (City, town	MARYLAND
JAN 12 1967	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTO	FUNERAL HOMI	OMONDSON AVE
VS 151-REV. 1/1/65	January, 4 13 N	THE STATE OF THE S	I MILKIN HOLD	

BARTA 1992 B141233

SERVE SERVE FEET STREET STREET

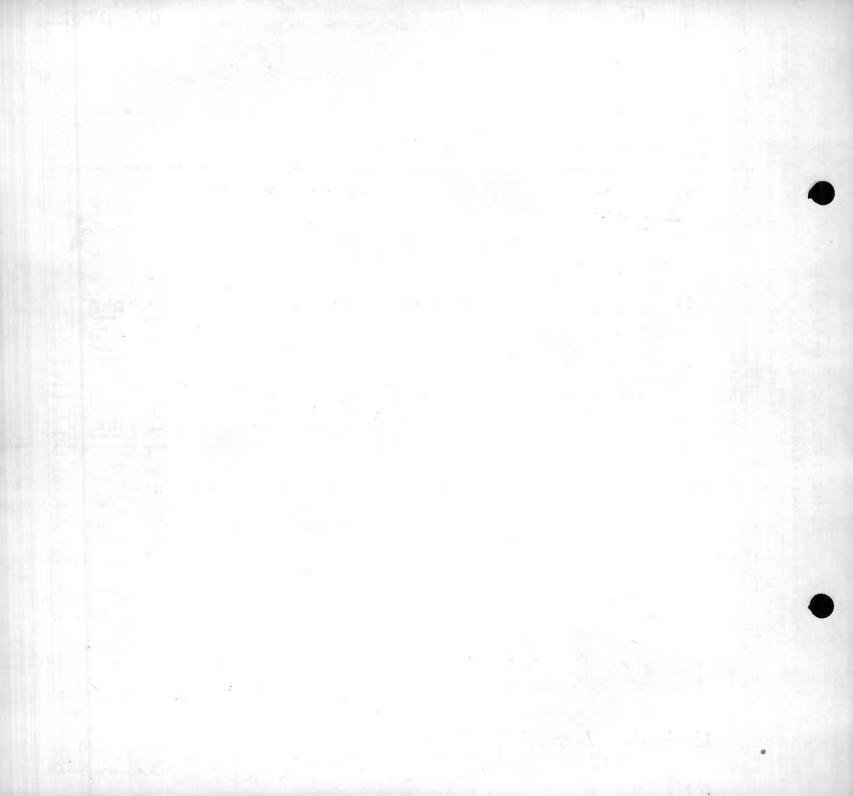
	C17 000		BALTIMORE C	ITY HEALTH DEPARTMEN	T	67 0334			
BIRTH NO. 6	6- 250170330	1	CERTIFIC	ATE OF DEATH	Registered	No.			
NE CASE NO	D				AND HOUR OF DE	ATU			
Type or Print)						12:45			
. PLACE OF	James M. Ka	RYLAND	L	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admis					
				A. STATE B. C	OUNTY	The state of the s			
FULL NAM	E OF (If not in hospital		e street	Maryland	E				
HOSPITAL		n)		C. CITY OR TOWN	f outside city limits, w	wite RURAL and give township)			
3.3				Baltimo	ce	1-07			
				D. STREET ADDRESS (If rurol, give locotion)					
The J	Johns Hopkins	s Hospit	tal	2326 Fleet Street					
SEX 6. RACE 7. MARRIED. I		EVER MARRIED	8. DATE OF BIRTH	8. DATE OF BIRTH 9. AGE (In years If					
		Chil	DIVORCED (specify)	12/2/66	lost birthdoy)	Months Days Haurs M			
				TRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF			
	t of working life, even if retired)					WHAT COUNTRY?			
Infan	nt			Baltimore, Maryland					
3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME				
	Mhoodass	1.0		Datain	ia Chase				
5. Was Decen	Theodore K	rces?	6. SOCIAL	17. INFORMANT	La Chase	ADDRESS			
Yes, no or unkno	own) (If yes, give wor or dote	es of service)	SECURITY NO.						
No			No	Theodore Kac	zynski 23	26 Fleet Street			
1B.	2.4		CAUSE	OF DEATH		INTERVAL BETWEEN			
DIS	EASE OR CONDITION DIS	RECTLY	0	11.1		ONSET AND DEATH			
	LEADING TO DEATH		(NO	and lailling	2 4 Aud	1011 110			
(This does	s not mean the made of	dvina e a	DUE TO	men genen a					
	re, asthenia, etc. It means		001 10						
	complication which caused		0	Para da Para		1/			
	ANTECEDENT CAUSES		(B) . DC	enemion	UTORIA	100			
DISEASES			DU E TO		0 -	- 11			
	the above cause (A)		SMP.	MINAMMIN	V seple	(laise x 81			
	ING CONDITION lost.	or-mig me	107.00	my we		Y			
	11			and in	enemal	les			
OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING							
E TO THE	DEATH BUT NOT RELA	ATED TO THE			/				
U 19A. DATE	OF OPERATION 198 CON		HICH OPERATION	20A. AUTOPSY2 (Yes	Nol 208 IF VES W	TERE FINDINGS CONSIDERED			
19A. DATE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIED AUSES OF DEATH?					
W .	DENT WAS UNDERLYING	7 218 B	LACE OF INITIBY	in at about C WHERE DE	compete	limare City, give exact lacation)			
OR CONTI	RIBUTING CAUSE OF	home,	form, foctory, street,	g, in ar about C. WHERE DI office bidg. MJURY OCCU	R?	indie City, give exact lacation			
DEATH (no	otify medical examiner)	etc.)							
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. I	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?				
(APPROX.)	(A PRECY) While At Not W					,			
(ATTROX)		Work	L At W	orly	17 /				
22. 1 cert	ify that (1) this hospital	l) ottended the	defeosed from	fanuary 7	1960 to	anuary 1/ 196			
show (TN)	we) lost sow the decease	ad alive on	bulland	1/ 10 /5/00	d that interval (dur)	opinion death occurred on the			
			The state of			opinion death occurred on the			
ond hour	ond from the couses stor	ted abov (M)	(We) (did) (did ob)	) view the body ofter dec	oth.				
23A. SIGN	ATURE AMONDO	11				23B. DATE SIGNED			
	rarvell	ou!	M.D.	Attending Med. Phys. Director	Stoff Phys.	1/11/67			
23C. PHYSI	dians			Phys. Director L	A CHYS. LEED	1/1/0			
NAM				Mac	11 -2	1.1			
	(Type)								
	E (Vipe)		M.	10.CMJC-4	ounero	prins loop.			
AA. BURIAL	E (Mype)  J. Elliott  CREMATION, 24B, DATE	24C. NAA	ME of CEMETERY OF	- much	D. LOCATION	PRING POP - (City, town, or caunty) (St			
REMOVA	F (Ype)  J. Flliott  CREMATION, 248. DATE  AL (Specify)	- / -	AE of CEMETERY OF	CREMATORY J24	/				
Burial	T. Elliott CREMATION, 248. DATE AL (Specify) 1-12-1	967 H	oly Rosary	CREMATORY (24	Saltimore Co	unty, Maryland			
Burial	F (Ype)  J. Flliott  CREMATION, 248. DATE  AL (Specify)	- / -	oly Rosary	CREMATORY PAGE 125C. FUNERAL DIRECT	Saltimore Co	unty, Maryland			
Burial	T. Elliott CREMATION, 248. DATE AL (Specify) 1-12-1	967 H	oly Rosary	CREMATORY (24	Saltimore Co	unty, Maryland			
Burial	T. Elliott CREMATION, 248. DATE AL (Specify) 1-12-1	967 H	oly Rosary	CREMATORY PAGE 125C. FUNERAL DIRECT	Saltimore Co	unty, Maryland			



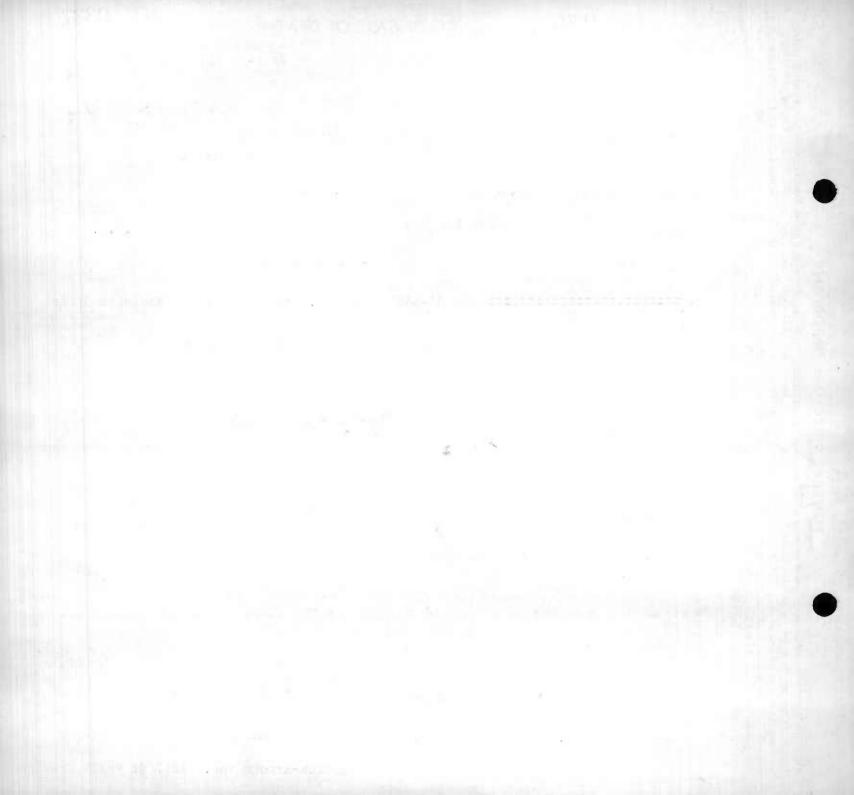
IMPORTANT

**DIRECTOR:** 

FUNERAL



A.E. CASE NO.  NAME OF DE Type or Print)					AND HOUR OF DEATH	
	GRACE		BIRCH		uary 11, 196	
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. If UNTY	institution: residence before admissio
FULL NAME HOSPITAL OR INSTITUTION		or institution, n)	give street	Maryland c. CITY OR TOWN (IF	outside city limits, write	e AURAL ond give lownship)
1506 A	Abbotston Stre	et			(If rurol, give location)	(-0)
00		To AAABBARD	NEWS AND ST	1506 Abbots		
. sex Female	6. RACE White	Marri		Feb. 5,1920	9. AGE (In years lost birthdoy) 46	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind of wor of working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Sewin		C1	othing	Virginia		U.S.A.
3. FATHER'S NA	0			14. MOTHER'S MAIDEN N	AME	
Dudley	Foster			Nannie Burfor	-d	
	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	. u	ADDRESS
No ====	vn) (If yes, give wor or dot	es of service)	SECURITY NO. 226-05-8601	John B. Birch	1506	Ahbotston Street
1B.	-/./1		CAUSE O	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY	^	,	0 0	ONSET AND DEATH
	LEADING TO DEATH		(A) (i	rrkons g Lur	r - alcihol	Le l
		4 .				· · · · · · · · · · · · · · · · · · ·
	not mean the mode of		DUE TO	0		
heart failure	nol meon the mode af e, asthenia, etc. Il means emplication which caused	the disease	, DUE TO	0		
heart failure	, asthenia, etc. II means	the disease deoth.)	(B)	0		
heart failure injury or co	e, asthenia, etc. II means implication which caused	the disease deoth.)	(B)	***************************************	**************************************	
heart failure injury or co	e, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he obave cause (A)	the disease deoth.)	(B)	***************************************	**************************************	
heart failure injury or co	e, asthenia, etc. It means emplication which caused ANTECEDENT CAUSES OR CONDITIONS, if he obave cause (A) NG CONDITION lost.	the disease deoth.)	(B)	***************************************	**************************************	2 days
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DISEASES iise to t UNDERLYIN  OTHER SIGN TO THE DISEASE OI  DISAASE OI  OTHER SIGN TO THE	a, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) ag CONDITION lost.	ony, giving stoting the CONTRIBUTINATED TO TIT.	(B) DUE TO (C) 7/	***************************************	Acture  No) 208. IF YES, WER	
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NOOTHER SIGN TO THE DISEASE OF TH	o, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he obave cause (A) NG CONDITION lost.  II  NIFICANT CONDITIONS OF OPERATION 198. CONDITION CAUSING OPERATION CAUSING OPERATION CAUSING OPERATION CAUSING OPERATION CAUSING OPERATION CAUSING OPERATION C	ony, giving stoting the CONTRIBUTINATED TO TILL.  ILL.  ILL.	(B)	20A. AUTOPSY?/Yes or n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208. IF YES, WERIN CERTIFYING C	L days  E FINDINGS CONSIDERED AUSES OF DEATH?
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DISEASES iise ta t UNDERLYIN  OTHER SIGI TO THE DISEASE OI 19 A. DATE OF 21 A. ACCID OR CONTRI DEATH Inoti  21 D. TIME OF INJURY (APPROX.)	o, asthenia, etc. It means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if he obave cause (A) in GONDITION lost.  II NIFICANT CONDITIONS (DEATH BUT NOT RELATE CONDITION CAUSING OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)	ony, giving stoting the CONTRIBUTINATED TO TILE.  ONTRIBUTINATED TO TILE.	(B)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208. IF YES, WERIN CERTIFYING C	2 days  E FINDINGS CONSIDERED AUSES OF DEATH?  OTE City, give exoct locotion)
NOTHER SIGN TO THE DISEASE OF THE DEATH THE DEATH THE DEATH THE DEATH THE DEATH THE DISEASE OF THE DISEASE OF THE DEATH THE DISEASE OF THE DI	o, asthenia, etc. It means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if he obave cause (A) in GONDITION lost.  II NIFICANT CONDITIONS (DEATH BUT NOT RELATE CONDITION CAUSING OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)	ony, giving stoting the CONTRIBUTION FOR FORMED  (Hourt 21) WW.	(B) DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact locotion)
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DISEASES iise ta t UNDERLYIN  OTHER SIGI TO THE DISEASE OI 19 A. DATE C  21 A. ACCID OR CONTRII DEATH Inoti DEATH Inoti 22. I certif that (I) (we and haur o 23A. SIGNAT  23C. PHYSICI NAME	e, asthenia, etc. It means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if he obave cause (A) in General Conditions (A) in General Con	ony, giving stoting the CONTRIBUTION FOR HED TO TILL.  ADDITION FOR HED WWW.  (Hour) 211  WW.  (Hour) 211  WW.  24C. N	(B) DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20A. AUTOPSY?/Yes or n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II le	No) 208. IF YES, WERI IN CERTIFYING C  (If in Bottime  NJURY OCCUR?  1963 to that in (my) (our) of the in (my) (our) of the country of the co	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct locotion)  19 67  pinion deoth occurred on the de  23B. DATE SIGNED  (Stote)
DISEASES iise ta t UNDERLYIN  OTHER SIGI TO THE DISEASE OI 19A.DATE O 21A. ACCID OR CONTRIL DEATH Inoti DEATH Inoti 121D. TIME OF INJURY (APPROX.)  22. I certif that (I) (we and haur o 23A. SIGNAT  23C.PHYSICI NAME  PAA. BURIAL CR REMOVAL Buria	ANTECEDENT CAUSES OR CONDITIONS, if he obave cause (A) NG CONDITION lost.  INIFICANT CONDITION S. OF OPERATION 198. CONWAS PER ENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year)  (Month) (Doy) (Year)  Ty that (I) (this hospito b) last sow the decease and from the causes stored (Type)  IAN'S (Type)  O S E	ony, giving stoting the CONTRIBUTION FOR HOUTH UTION FOR HOUTH	(B) DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20A. AUTOPSY?/Yes or n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II le	No) 208. IF YES, WERI IN CERTIFYING C  (If in Bottime of the tin (my) (our) of the tin (	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact locotion)  19 67  pinion deoth occurred on the december of the dec



IMPORTANT

DIRECTOR:

FUNERAL

64 12/22/01

	CHY DOG		BALTIMORE CITY	HEALTH DEPART	MENT		67 0229
BIRTH NO.	67 0333	3	CERTIFICA	TE OF DE	ATH	Registered No	01 0000
M.E. CASE NO.	ASED			12	DATE AND	HOUR OF DEATH	
(Type or Print) 7		STre	6		Jan	. 9, 196	7   8:15 PM
3. PLACE OF DEA	TH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDE	NCE (Where 8. COUNT	deceased lived, If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital a address or location		ive sheel	C. CITY OR TOWN		BALTI de city limits, write	MORE () RURAL ond give township)
H& Mar	yland Gen	eral H	ospital	D. STREET ADDRE		lowson	3 3-00
5. SEX	6. RACE	7 44 4 0 0 1 5 0	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	I II II do 7 Yo II II do 24 No
M	W	WIDOWED	DIVORCED (specify)	7/15/9	77	ist birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign		12. CITIZEN OF WHAT COUNTRY?
CLERK	varking life, even if retired)	SAVING	SALOAN CO.	Maryl	and		u.s.A.
13. FATHER'S NAM		,		14. MOTHER'S MA			
John	A. Strek	•		Isabe	11 14	: Dougal	
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed Ford (If yes, give wor or dates	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	+1 7		ADDRESS
No			213-0-9-28	Elizabe	th Perc	xithu	Same
18. 4 4	3 X1		CAUSE O	F DEATH	, ,,,,,		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIR LEADING TO DEATH	ECTLY	0 1		.0	00	
(This does no	al mean the made of		DUE TO	na corepum	L. her	mon has	<b>.</b>
	osthenia, etc. It meons plication which caused		AS	sHCUD, and	As A	y pertonsine	
A	NTECEDENT CAUSES	~	(8) C	erebrul Va	aculus	diseuse	
	R CONDITIONS, if		00210				
	obave couse (A) CONDITION last.	sloting the	(C)		*******		
E TO THE DE	II FICANT CONDITIONS CO EATH BUT NOT RELA	TED TO THE					
	OPERATION 1198 CON		WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF	WAS PERF			415		IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBU	TING CAUSE OF medical examines	21 B. hometc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or about 21 C. WHE	ERE DID DC CUR?	(If in Boltimore	e City, give exoct locotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOV	ULNI DID V	RY OCCUR?	
S (APPROX.)		Whi	le At Not Whi				
22. I certify	that (1) (this hospital)		ne deceased fram		19	67 to J	47 7 1967
	last saw the decease		Jan 9	1-			nian death accurred an the date
			(We) (did) (glid nat)				
23A, SIGNATU		J.	1111	,			23B, DATE SIGNED
M	Michael	1/0	M.D. Att	ending Me		toff hy s.	1/9/67
23C. PHYSICIAL			-500	23 D. ADDRESS			
			M.D.				
24A. BURIAL CREA		24C. NA	ME of CEMETERY OF CR	EMATORY	24D, 10	CATION (C	ity, town, or county) (Stole)
BURIAL	1-13-6	7 Ha	Y KEDEFME	CEMETERY	OA	LTIMORE	MARYLAND
25A. DATE REC'D	AN 12 1967	258. NAME O	F REGISTRAR	25C. FUNERAL	DIRECTOR	7	USD YORK ROAD
31	- 1007	Colser D.	E , Nowenthal	WM Cook	SPROOK	is lowson y	DUSON MD. 21204
VS 150-REV. 1/1/6	5						

Proposed Secret Hospital 1011 Kendmorth D.

M. W. widowed 7/17/17 69

Mary had U.S. A.

John A Street Teadell McDongal

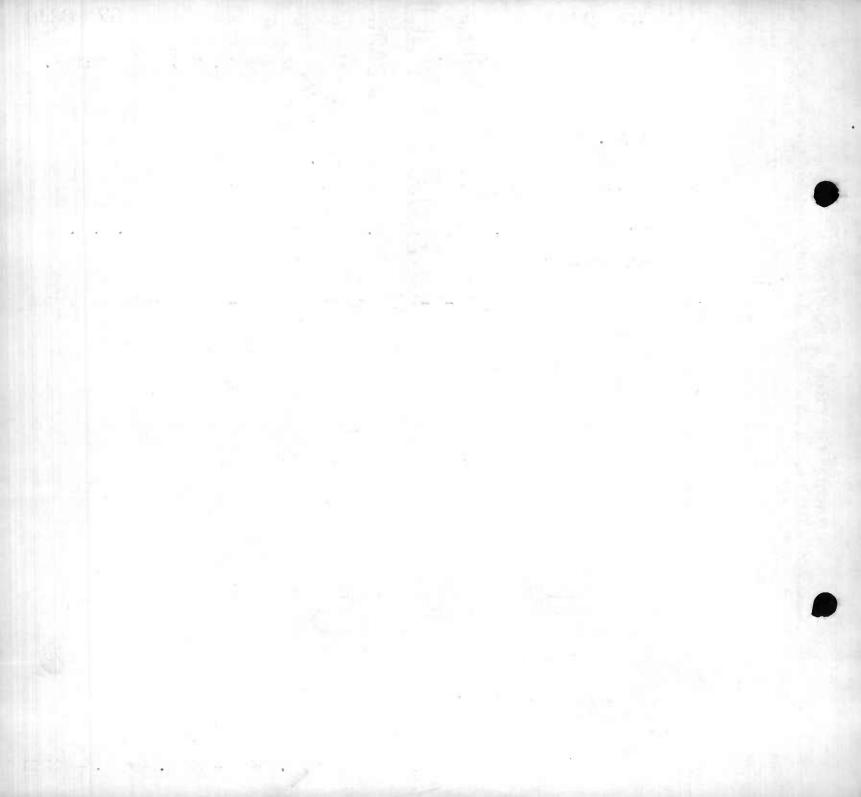
Westerling Elizabeth Pergater Semi-

3

month States of the states

Such

		ITY HEALTH DEPARTMENT		00 00 40			
eirth No. 67 0340	CERTIFIC	ATE OF DEATH	Registered No.	67 0340			
N.E. CASE NO.		DATE AND	HOUR OF DEATH				
Type or Print)			. 77				
Anthony Fr	ank Sadzenski	January	12. 1966	12:10 a.			
PLACE OF DEATH IN BALTIMORE, M	ARYLAND	A. STATE B. COUNTY	eceased lived. If institution	on; residence before admission			
FILL NAME OF ALCOHOLD	L as in addition of the stand	Manual and					
HOSPITAL OR oddress or locoti	l or institution, give street on)	Maryland c. CITY OR TOWN (If outside	nite limita muit (0110A)	and also terrestial			
INSTITUTION							
705 S. Glove	n Chaodi		D. STREET ADDRESS (If tural, give location)				
109 2º GTOVE	r Street	D. STREET ADDRESS (IF lord					
110		705 S. Glover S	Street				
SEX 6. RACE	7. MARRIED, NEVER MARRIED		AGE (In years   If L	Under 1 Yr. If Under 24 Hr			
35-73- In	WIDOWED, DIVORCED (specify)	7/13/97		nths Doys Hours Min.			
Male White  A. USUAL OCCUPATION (Give kind of wo	Widowed		69	1 1			
one during most of working life, even if retired		IN II. BIRTHFLACE (Store of foleign		CITIZEN OF WHAT COUNTRY?			
Laborer		Co Poland		TT C A			
FATHER'S NAME	Crown, Cork & Seal	14. MOTHER'S MAIDEN NAME		U. S. A.			
Martin Sadzensk	i	Sophia Felca	zak				
. Was Deceased Ever in U. S. Armed F	orces? 16. SOCIAL	17. INFORMANT		ADDRESS			
es, no oi unknawn) (If yes, give wor or do							
No	212-10-606	Walter Sadzenski	- 206 Henry	Avenue #21206			
18.470	CAUSE	OF DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION D	IRECTIV	MOCHADIAL I		ONSET AND DEATH			
DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION last.	any, giving ) slating the (C)	RTERIOSCIEROTIC		<u> </u>			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	ATED TO THE	erhison-White Si	marone				
19A. DATE OF OPERATION 19B. CO WAS PE		20A. AUTOPSY? (Yes or No) 2	NGS CONSIDERED				
WAS PE	RFORMED	No "	CERTIFYING CAUSES	OF DEATH?			
21 A. ACCIDENT WAS UNDERLYING	218 91 4 65 05 1411/1997-		Of in Rollinson Co.	aine anat la ri V			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)		in or about 21 C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Yeor		21 F. HOW DID INJURY	OCCUR?				
(APPROX)	While At Not V	/hile					
Work Al Work							
22. I certify that (I) (this hospital	al) ottended the deceased from	APRIL 195	3 to HANUARY	12 19 67			
that (I) (we) last sow the deceos	sed olive on DEC, 12			deoth occurred on the de			
			(www.) opinium	TOTAL OCCURRENCE ON THE DE			
	oted obove. (1) (We) (did) (didene	) view the body ofter death.					
23A. SIGNATURE	1		23 8.	DATE SIGNED			
1/ Enlurione	July M.D.	Attending Med. Director Phy	1 1 20	muce 12-196-			
23C. PHYSICIAN'S	-0-0-0	Phys. Director Phy 23D. ADDRESS	3	/			
NAME (Tupe)		LO LA CO	GET ON	1 00			
KICHART	D HAHV M	D. 10105A1	MA PAR	L 51.			
A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF	CREMATORY 24D. LOCA	ATION (City, toy	wn, or county) (Stole)			
REMOVAL (Specify)	10		(-11/1)	, , , , , , , , , , , , , , , , , , , ,			
Burial //6/6	Holy Rosary Ce	metery Balt	imore, Maryl	and			
SA. DATE REC'DANEA W DEET	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
JAN 12 10C7	A) n. p. n T R	O 17 17 83	r - 705 S. A				



BALTIMORE CITY HEALTH DEPARTMENT

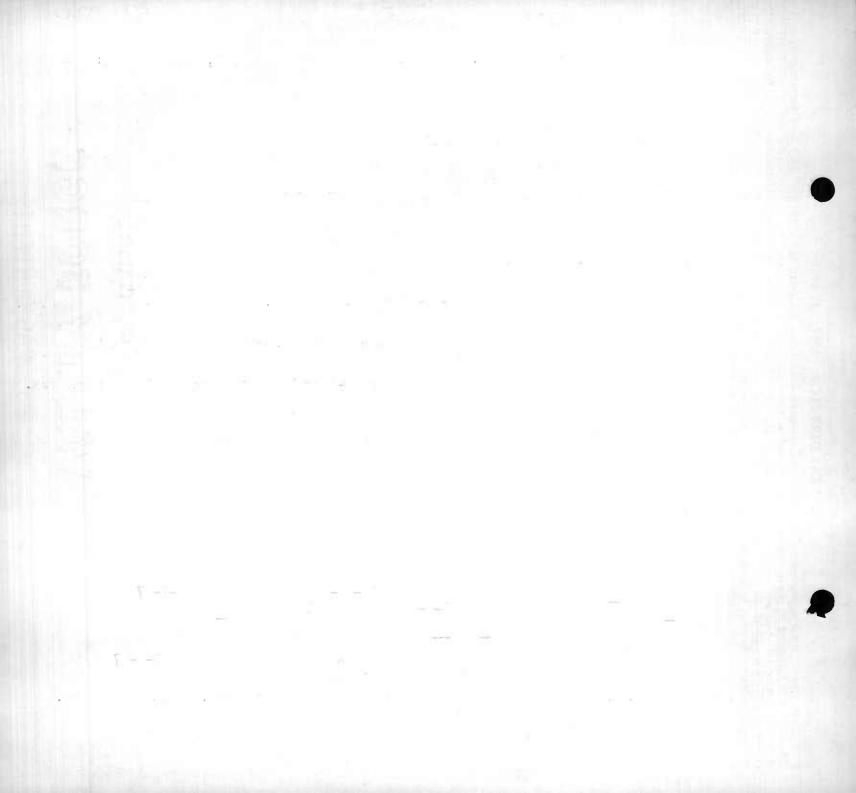
YC. III

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

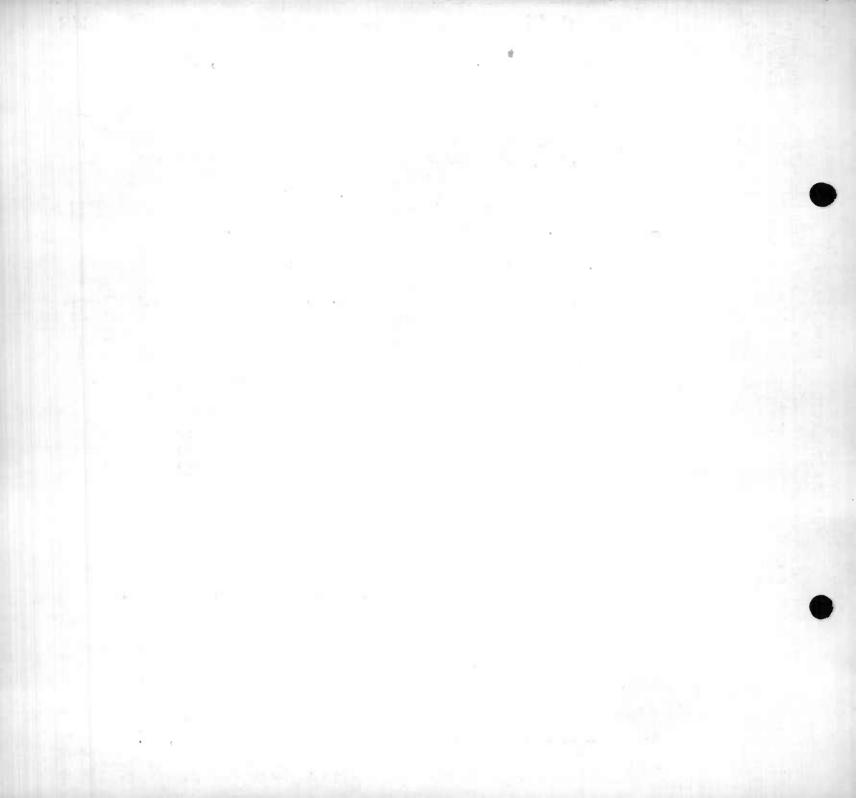
BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

FUNERAL DIRECTOR:

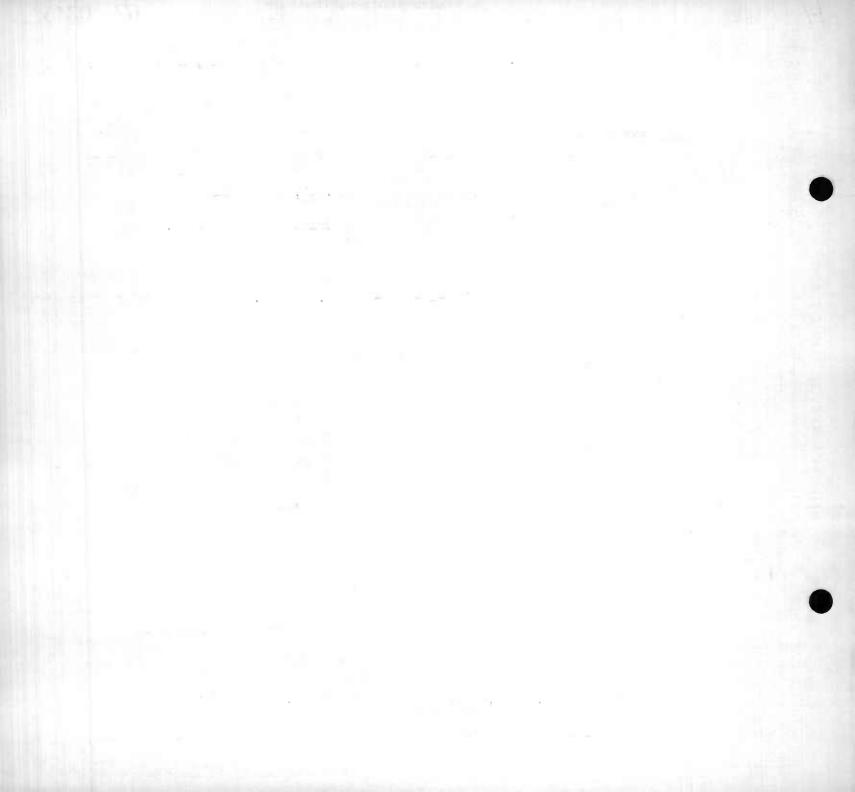
BALTIMORE CITY HEALTH DEPARTMENT



0.00	BALTIMORE CITY	HEALTH DEPARTMENT		67 0214
IRTH NO. 67 0344	CERTIFICA	TE OF DEATH R	legistered No	67 0344
A.E. CASE NO.		2. DATE AND HE	OUR OF DEATH	
Type or Print); / Ma an A	Mari	1/10/6-		ANI
PLACE OF DEATH IN BAUTIMORE MARYLAND	NA May	4. USUAL RESIDENCE (Where dec	1 /2	
		A. STATE B. COUNTY	1 /	AA A
FULL NAME OF (If not in hospital or institution	on, give street	Imd. 13A	110.	Ballo. Co.
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN Iff, outside		AL and give township)
21/		Towson	and the same of	53-00
25 ( 11	n . 1	D. REET ADDRESS (If Intol.	give location)/	
BONSECOURSHO	SOTAL	614 malow X	idco. Rd.	
SEX 6. RACE 7. MARRI	IED, NEVER MARRIED	ATE OF SIRTH 9. AC	SE (Vo yeors	f Under 1 Yr. If Under 24 Honths Doys Hours Min.
Z WIDO	WED, DIVORCED (specily)	Nos 2 1025	E (16) years 91 M	Nonths Doys Hours Min.
DA. USUAL OCCUPATION Give kind of work 108, KIND	Widowed	Nov. 7, 1875	70 , 10	2. CITIZEN OF
one during most of working life, even if retired)	OL BOSINESS OK INDOSIKI	11. BIRTHPLACE (Stole or loreign co	outly:	WHAT COUNTRY?
Housewife		MARGIAN		USA
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME		V/ U. 1
T. L. R 8		12 2000		
John Bowen	13 4 22 24	Senperan	e Shroy	
5. Was Deceased Ever in U. S. Armed Forces? 'es,no or unknown)(If yes, give wor or dotes of servic	1 6. SOCIAL SECURITY NO.	1/- INFORMANE		ADDRESS
no	220-48-7204	Mr. Donald Atwood	1529 Shef	field Rd
18. / 4 53 1/1		OF DEATH	-/-/ 01161	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			14	ONSET AND DEATH
LEADING TO DEATH	O A	excinomas at	Head.	
(This does not mean the mode of dying,	a.g., DUE TO	0 000	4 4	
heart failure, asthenio, etc. It means the disectinjury at complication which caused death.)	ise,	ercinoma of of Penere Terio selevatie	as	
	a alak	erio selevatie	(ardio -	
ANTECEDENT CAUSES	DUE TO	12111000	P1100	
DISEASES OR CONDITIONS, if ony, giv		v-u carar c	may	
uise to the above cause (A) stoling UNDERLYING CONDITION last.	(C)	880 8000 4		
			·	
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO				
	OR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20E	B. IF YES, WERE FINI	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		IN	CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21R PLACE OF INITIBY /	n or about 21 C WHERE DID	(If in Boltimare C	ity give exact leaster)
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, c	of obder 210. WHERE DID	tir in politimare Ci	ity, give exact lacation)
DEATH (notify medical examiner)	etc.)			
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
(ATTRON)	Work Al Work			
22. I certify that (this hospital) attende	ed the deceased from	11-25 196	6 10 /	- 10 1967
that (we) lost sow the deceased alive of	n 1-10-	19 6 7 ond that in	(our) opinio	n death accurred on the c
and hour and from the causes stated above	s. (1) (me) (010) (c)	view the body offer deoth.	Too	D DATE SIGNED
23A. SIGNATURE		anding To book	23	B, DATE SIGNED
meagnar L. G	uchero M.D. Phy	ending Med. Stoff	. 🔲	Jan. 10,126
23C. PHYSICIANS NAME (Type)		23D. ADDRESS	- 11	
WILLGERS L G	18 R R Z D 4 - M.D.	BON SECO	URS HO	OSPITAL
4A, BURIAL CREMATION, 124B, DATE 124C	C. NAME of CEMETERY OF CR			town or solvetil (C)
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	S. ITAME OF CEMETERS OF CR	EMATORY 24D. LOCAT	ION (Cily,	lown, or county) (State
Burial 1/13/1967	Druid Ridge C	emetery Pike	sville, Md	
SA. DATE REC'D BY HEALTH DEPT. 258. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		A POLESS
JAN 12 196/ ULLELO &	Star Ode MA	7/10 73 10 3	1 . 800 .	man me
	Y descends	I'M The was	- June	ow we sto
'S 150-REV. 1/1/65				

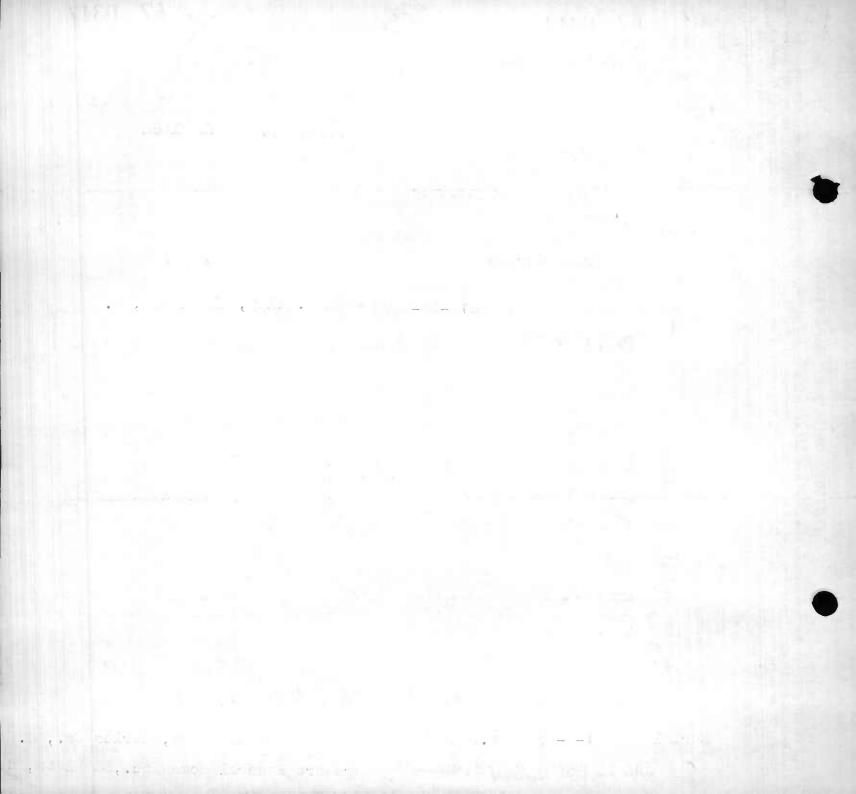
Bon Secreta Hop tol 18th mater Fedge Pd. F CO Start S Mitselfand . John Bowen Jan Je Kan Ca Mary Car 

MOTL		BALTIMORE CITY		5	67 0345
	CASE NO. 67 0345	CERTIFICA	TE OF DEATH	Registered No	Contract of the second
1. NA	AME OF DECEASED			D HOUR OF DEATH	h 30
	Emma M.	Hooper	Janua Janua Janua	ry 10, 1967	
. PL	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceased lived. If in TY	stitution; residence before a
	ULL NAME OF (If not in hospital or institution, give	street	Maryland		
	OSPITAL OR address of location) NSTITUTION		C. CITY OR TOWN (If out	side city limits, write F	RURAL and give township)
	237 Homestead Street		Baltimore D. STREET ADDRESS (If	urol, give location)	4-05
- 1		21218	937 Homestea		21218
5. SE					If Under 1 Yr., If Under
	WIDQWED, D	IVORCED (specify)		9. AGE (In years lost birthday)	Months Days Hours
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		Aug. 12, 1885	81	12. CITIZEN OF
	during most of working life, even if retired)	SINESS OK INDOSIKI			WHAT COUNTRY?
	ever Worked		Baltimore (		
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	Henry Greaser		Alice		
	Vas Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	45/14/7/19	ADDRESS
			Mrs. Edna C.	Brown same	address as a
1	18.400	CAUSE OF			INTERVAL BETW
	DISEASE OR CONDITION DIRECTLY				ONSET AND DE
	LEADING TO DEATH	(A) arte	is schoolie he	or observe	meon
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO	erolezal arter	***********************************	
	injury or complication which caused death.)	Gen	endered sto		a lan
	ANTECEDENT CAUSES	(B)	a 3. awa	acero-	
	DISEASES OR CONDITIONS, if any, giving				
	rise to the obove cause (A) stating the UNDERLYING CONDITION tost.	(C)			
-	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11	brot Thromb	rele	6 years
Ě	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Ore	0101 /1-01101		and the same
V		CIL COCOATION			
IFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	CH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		ho	IN CERTIFYING CAL	INDINGS CONSIDERED
CERTIFIC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLA	ACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No A B a or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING CAL	City, give exact locotion
CAL CERTIFIC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (notify medicot exominer)  21B. PLA home, fetc.)	ACE OF INJURY (e.g., in form, foctory, street, off	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	
CAL CERTIFIC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLA OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   etc.)  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJ	ACE OF INJURY (e.g., inform, foctory, street, off	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	
MEDICAL CERTIFIC	WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING   21B. PLA OR CONTRIBUTING   CAUSE OF DEATH (notify medicot exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJ	ACE OF INJURY (e.g., in form, foctory, street, of	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	
MEDICAL CERTIFIC	WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING   21B. PLA OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF HUJURY While A	ACE OF INJURY (e.g., inform, foctory, street, off	nor obout 21C. WHERE DID injury occur?	(If in Boltimore	City, give exact location)
MEDICAL CERTIFIC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hour) CAPPROX.)  WAS PERFORMED  21B. PLA home, f etc.)	ACE OF INJURY (e.g., inform, foctory, street, off	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING CAL	City, give exact location)
MEDICAL CERTIFIC	WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING   21B. PLA OR CONTRIBUTING   CAUSE OF DEATH (notify medicot exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJ White A Work  22. I certify that (I) (This hospital) attended the dethat (I) (we) lost sow the deceased alive an	ACE OF INJURY (e.g., inform, foctory, street, off	21F. HOW DID INJ	IN CERTIFYING CAL	City, give exact location)
MEDICAL CERTIFIC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLA OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  While A Work	ACE OF INJURY (e.g., inform, foctory, street, off	21F. HOW DID INJ	IN CERTIFYING CAL	City, give exact location)
MEDICAL CERTIFIC	WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING   21B. PLA OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJ White A Work  22. I certify that (I) (this haspital) attended the dethat (I) (we) lost sow the deceased alive an	ACE OF INJURY (e.g., inform, foctory, street, off	21F. HOW DID INJ	IN CERTIFYING CAL	City, give exact locotion)  C fan 19  nion death occurred on  238. DATE SIGNED
MEDICAL CERTIFIC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   home, for CONTRIBUTING   CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  (APPROX.)  22. I certify that (I) (this haspital) attended the day of that (I) (we) lost sow the deceased alive an analysis of the couses stated above. (I) (We)  23A. SIGNATURE	ACE OF INJURY (e.g., inform, foctory, street, off  JURY OCCURRED  A1 Not White A1 Work  deceased from  We) (did) (did not) v  M.D. Atte Phys	and rebout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJ  19 66 and the liew the bady ofter death.	URY OCCUR?  9 6 0 to 1 at in (my) (our) opin	City, give exact locotion)  C for 19  nion death occurred on
MEDICAL CERTIFIC	WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING   Alone, for CONTRIBUTING   CAUSE OF DEATH (notify medicot exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJ. (APPROX.)  White A Work  22. I certify that (I) (this haspital) attended the dethat (I) (we) lost sow the deceased alive an annual condition on the couses stated above. (I) (We) 23A. SIGNATURE	ACE OF INJURY (e.g., inform, foctory, street, off JURY OCCURRED  At Not While At Work deceased from	21F. HOW DID INJ	URY OCCUR?  9 6 0 to 1  21 in (my) (our) opin	City, give exact locotion)  C fan 19  nion death occurred on  238. DATE SIGNED
MEDICAL CERTIFIC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   Alone, for CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (APPROX.)  While A Work  22. I certify that (I) (this hospital) attended the dethat (I) (we) lost sow the deceased alive on	ACE OF INJURY (e.g., inform, foctory, street, off orm, foctory, street, orm, focto	21F. HOW DID INJ  21F. How DID	URY OCCUR?  9 6 0 to 1  at in(my) (our) opin	City, give exect locotion)  Co for 19  nion death occurred on  238. DATE SIGNED  12 for 67
MEDICAL CERTIFIC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. IN. White A Work  22. I certify that (I) (this haspital) attended the data of that (I) (we) lost sow the deceased alive an amount on the causes stated above. (I) (We)  23A. SIGNATURE  23C. PHYSICIANTS  NAME (Type)  William F. Cox, I.S.  BURIAL CREMATION, 24B. DATE  24C. NAME	ACE OF INJURY (e.g., inform, foctory, street, off JURY OCCURRED  A1 Not White A1 Work  deceased from	and the loady ofter death.  The standard of the loady of	URY OCCUR?  9 6 0 to 1  st in (my) (our) opin	City, give exact locotion)  C fan 19  nion death occurred on  238. DATE SIGNED
MEDICAL CERTIFIC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN. White A Work  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN. White A Work  22. I certify that (I) (this haspital) attended the dathot (I) (we) lost sow the deceased alive an ond hour and from the couses stated abave. (I) (Was and the couse	ACE OF INJURY (e.g., inform, foctory, street, off orm, foctory, street, off orm, foctory, street, off orm, foctory, street, off orm, foctory, street, off order of order or off or off order or off or off order or off or off order or off order or off order or off order or off or off order or off or off order or off or	and the body ofter deoth.  About 7 obout 21 C. WHERE DID fice bidg., INJURY OCCUR?  21 F. HOW DID INJ  19 66 and the iew the bady ofter deoth.  About 7 obout 21 C. WHERE DID fice bidg.  19 6 obout 21 C. WHERE DID fice bidg.  And the iew the bady ofter deoth.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout 21 C. WHERE DID fice bidg.  About 7 obout	URY OCCUR?  9 6 0 to 1  at in(my) (our) opin	City, give exact location)  19  19  10  123B. DATE SIGNED  12  12  12  13  14  15  17  19  19  19  10  10  10  10  10  10  10
2 1 1 2 2 2 1 1 A .	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. IN. White A Work  22. I certify that (I) (this haspital) attended the data of that (I) (we) lost sow the deceased alive an amount on the causes stated above. (I) (We)  23A. SIGNATURE  23C. PHYSICIANTS  NAME (Type)  William F. Cox, I.S.  BURIAL CREMATION, 24B. DATE  24C. NAME	ACE OF INJURY (e.g., inform, foctory, street, ofform, foctory, street, street	and response to the second sec	IN CERTIFYING CAI  (If in Boltimore  URY OCCUR?  9 60 to  at in(my) (**ee*) opin  Stoff Phys  11 Street  OCATION (Cir.)	City, give exact location)  19  19  10  123B. DATE SIGNED  12  12  12  13  14  15  17  19  19  19  10  10  10  10  10  10  10





VS 150-REV. 1/1/65

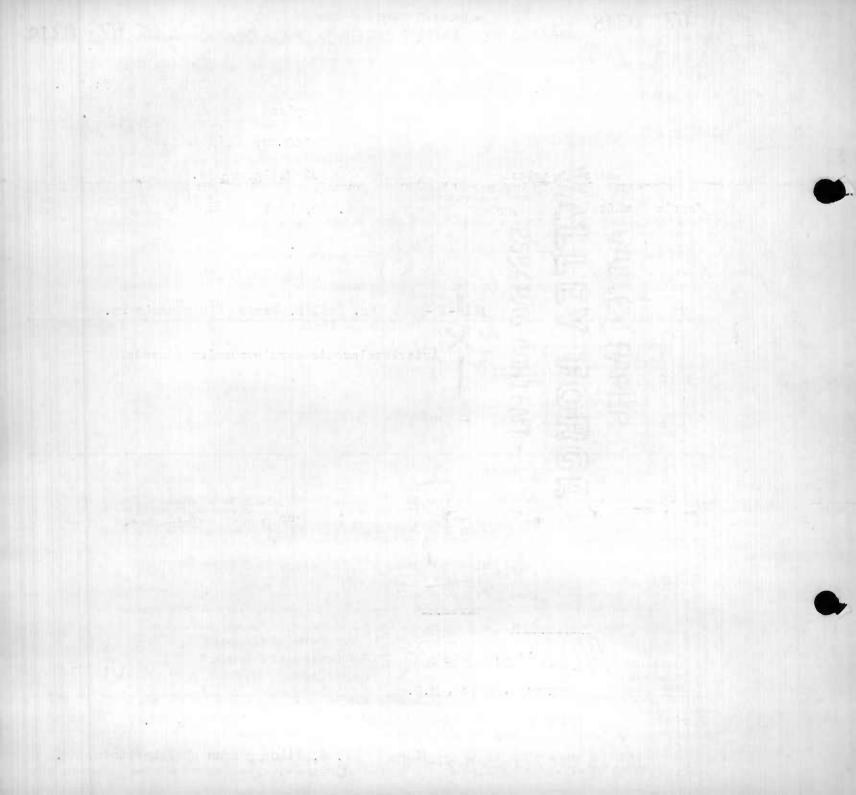


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BALTIMORE CITY HEALTH DEPARTMENT

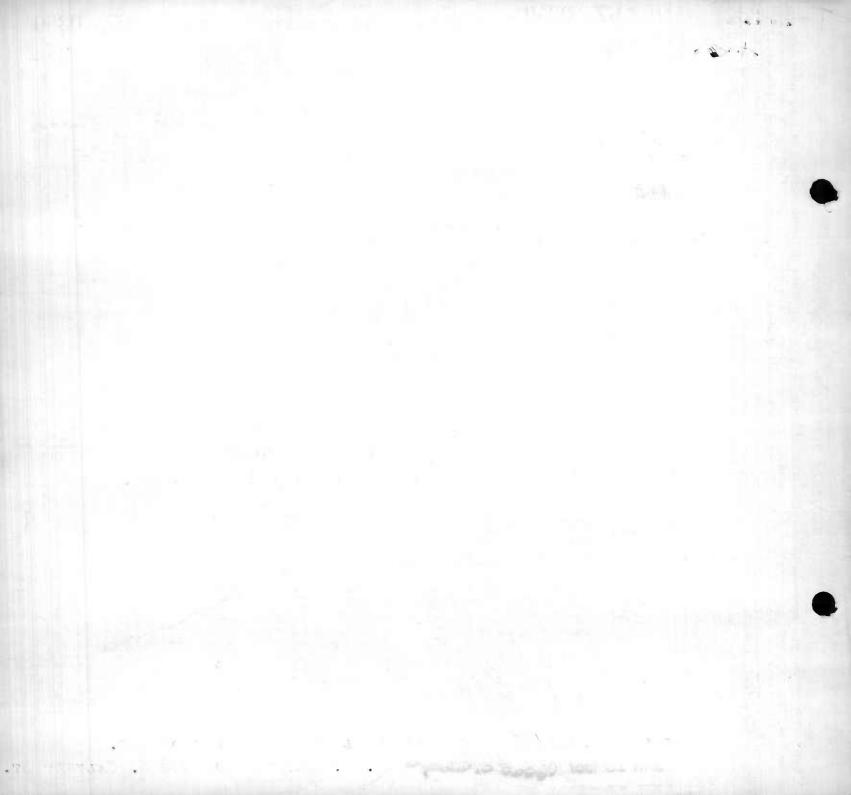
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 0348

M.	E CASE NO.							V	
I. (Tv	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
,	po 01	Pear	1 Hayes				1/9/67	7	5:02 p. M.
		MORE, MARYLAND, V	WHERE PRONOL	JNCED DEAD  JTION, GIVE STREET	A. STATE Ma:	ryland	B. COU	В	alto &,
HC	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOC	ATION)	SHOW, GIVE STREET	C. CITY OR TOV		orporote limits, write		nd give township)
114	,				Bran	popudade	Reistersto	wn	63-00
П	42				D. STREET ADDE	RESS (If rural, gi	ve location)		
	1/2	Sinai Ho	spital		332	2 Wallgro	ove Rd.		
5. 5	female	6. RACE white		NEVER MARRIED DIVORCED (specify)	Sept. 30,		9. AGE (In years last birthdoy) 63		1 Yr. If Under 24 Hrs. Days Haurs Min.
dan	e during mast of w	vorking life, even if retired)	rk TOB. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreign o	country)	12. CITIZE	T COUNTRY?
13.	HOUSEWI FATHER'S NAM	fe			Penr				USA
							02 4.1.		
15	Walter	Jacoby D EVER IN U.S. ARME	D FORCES?	16. SO CIAL	17. INFORMANT	sephine	SMITH	ADDRESS	
		(If yes, give wor or do		SECURITY NO.	17. HATORINIAN			ADDRESS	
	No			219-10-3949	Mr. Paul	L. Hayes	Kingprus	sia P	a
	18.	21.		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION D	DIRECTLY						ONTE AND DEATH
		LEADING TO DEAT	Н	Arterio	sclerotic	cardiova	scular dis	ease	
	heort foilure,	ot meon the mode of asthenio, etc. It meon application which caused	is the disease.	DUE TO					
	A	NTECEDENT : CAUS	ES						
	DISEASES (	OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO		•••••			
		E ABOVE CAUSE (A) IG CONDITION LAST							
z				(C)	o = 0 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	****************			
H		II .							
CERTIFICATION	TO THE DISEASE OF	NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN	ELATED TO T			•••••			***************************************
	19A. DATE OF		NDITION FOR T	WHICH OPERATION	20 A. AUTOPSY		B. IF YES, WERE FIN CERTIFYING CAUS		
MEDICAL	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21 8, hame etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21 C. V office bldg., INJURY	VHERE DID (IF	in Boltimore City, giv	re exact la	ecation)
Σ	21D TIME	(Month) (Doy) (Ye	or) (Hour) 2	E. INJURY OCCURRED	21 F. H.C	OW DID INJURY	OCCUR?		
	OF INJURY (APPROX.)		m. V	WHILE AT NOT	WHILE ORK				
	22. 1 cert	Ify that I held an	Inquiry	Inspection X Au	topsy one	d that on this	bosis, deoth in m	y opinio	n
H	result	ted from: Notural c	ouses X	Accident Suicid	e Homici	de Un	determined monne	er 🗍	
		1	1 1 1		CHIEF M	EDICAL EXA	MINER		
	ACTUAL		el h	5 c) (-	ACCICTANT M				DATE SIGNED
	SIGNATI		11.	(M.D	ASSOCIATE M			1	/10/67
	EXAMIN NAME (1	- \	ner U. S	pitz, M.D.	ASSOCIATE M	EDICAL EXA	MINER		, _ , , , ,
	A. BURIAL CREA	MATION, 238 DATE		C. NAME OF CEMETERY	or CREMATORY	23 D. LO C	ATION (City,	town, ar o	county) (Stote)
RE	MOVAL (Specify Burial	1/12	/67	Evergreen Mem	orial	Fi	nksburg, M	1d.	
24		BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR			DDRESS
		1011 - 0 - 0	1	OIO			Sons Rois		own, Md.
		JAN 12 196/	Paleet	J. E. Takkey W.	0 1	Eline &	Dona hers	) oer so	OWII, FIG.
VS	151-REV. 1/1/6	65		1	0 6				

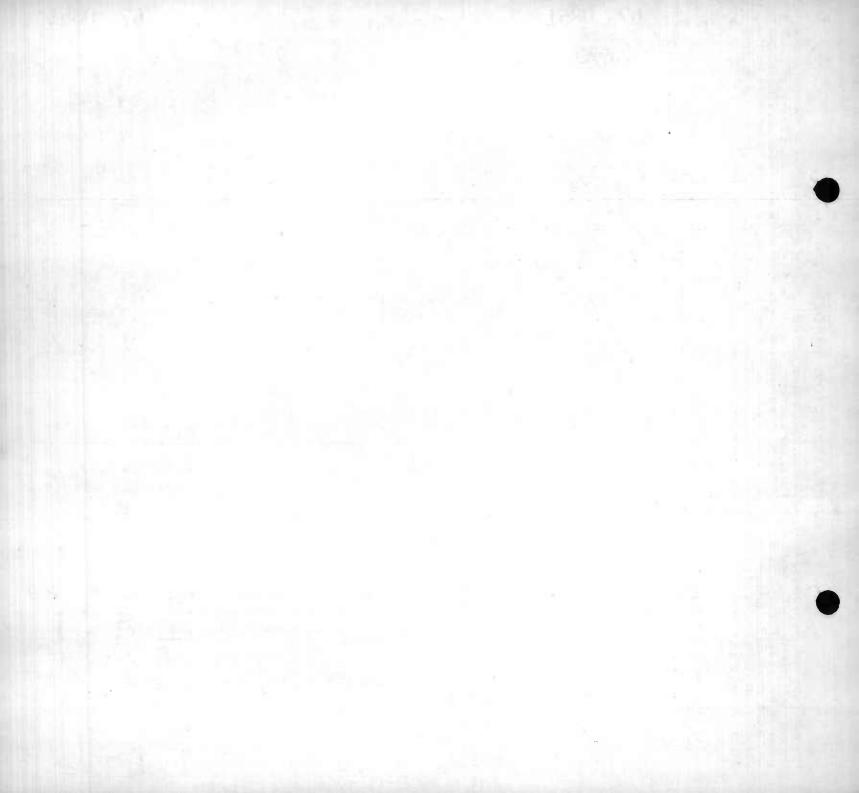


Es-CEE Brig Tr Settlement and the egot

	PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give sh	A. STATE	JANUARY 8, 196 DENCE (Where decessed lived. II ins 8. COUNTY NO BALTIMOR	stitution: residence belare odmi
	ASPITAL OR addiess as location) NSTITUTION Secoures Hospi	C. CITY OR TO BALTI D. STREET ADD	MORN 21216	16-06
5. S	FEMALE W NEVER MAKE	ORCED (specify) 8/9	9. AGE (In years lost birthdoy) 93	Manths Days Hours
don	. USUAL OCCUPATION (Give kind of work 10.8, KIND OF BUSINe during most of working lite, even if retired)  SEAMSTRESS FATHER'S NAME  FATHER'S NAME	LF	Mary/And	12. CITIZEN OF WHAT COUNTRY?
	Samuel C. TRAVERS		ISAN GOULD	
15. Yes	Was Deceased Ever in U. S. Armed Farces? i, na oi unknown)	OCIAL CURITY NO.	ART	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the	(A) Ponen cho DUE TO	guen mornie	ONSET AND DEAT
ERTIFICATION	UNDERLYING CONDITION Iost.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	herastatic can thing min OPERATION 1/20/A. AUTOPS	ary?  (Yes of No) 208. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF hame, lournets, lourn	E OF INJURY (e.g., in or obout 21C. W n, factory, street, office bldg., INJURY	HERE DID Win Boltimore OCCUR?	City, give exact location)
ME	(APPROX.) While A1 Work	Nat While At Work	OW DID INJURY OCCUR?	
4	22. I certify that (I) (this haspital) attended the decented that (I) (we) last sow the deceased alive on ond hour and from the couses stated above. (I) (We)	January 19 6	and that in (my) (our) opin	nion deoth occurred on th
				238, DATE SIGNED
	23A. SIGNATURE TO CHAMPE (Type) SAUI BAA	M.D. Attending No.	Secourcs Hos	8 Innuary,



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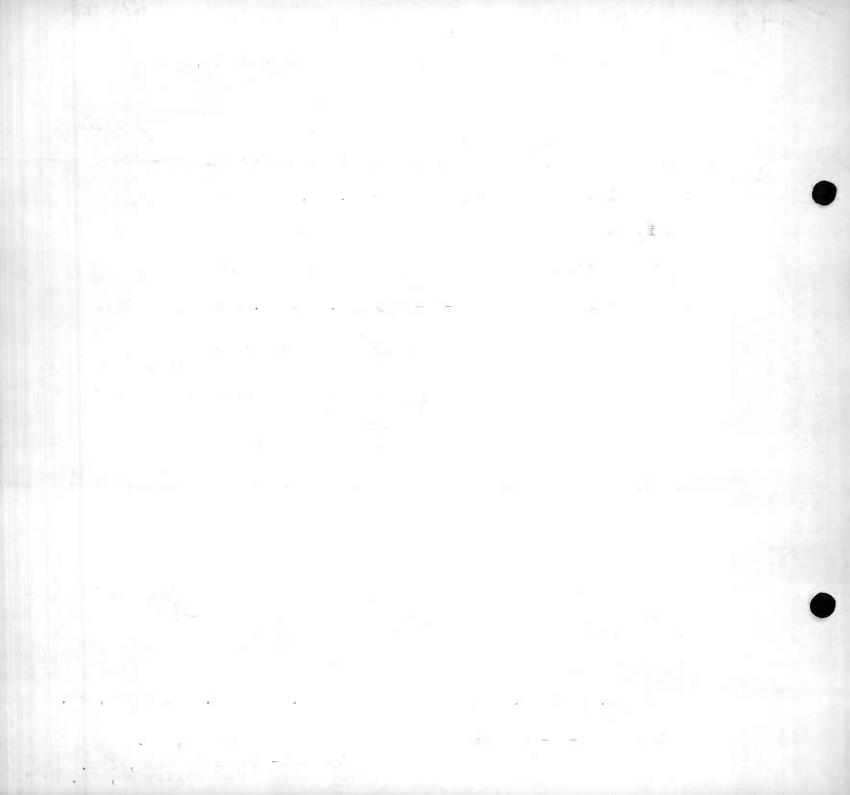
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



	CM O	950	BALTIMORE CITT	HEALTH DEPARTMENT		67 0353
BIRTH NO.		353	CERTIFICA	TE OF DEATH	Registered No.	0000
M.E. CASE NO				2. DATE	AND HOUR OF DEATH	4
Type or Print)	Meynard	Furene	Kirkland, Sr.	Jan.	10, 1967	1 4:00 p
PLACE OF	DEATH IN BALTIMORE, N	ARYLAND	MII AIAMA )	4. USUAL RESIDENCE (WI A. STATE B. COL	nere deceased lived. If	institution: residence before admission
FULL NAMI HOSPITAL C INSTITUTION	OR oddress or local	ol or institution, ion)	give sheet			RURAL and give township)
0		rk Avenu			If wool, give location)	11-02
		re, Md.		1111 Park Av		
Male	6. RACE White	WIDOWE	NEVER MARRIED D, DIVORCED (specify) ried	B. DATE OF BIRTH Feb. 23, 1892	9. AGE (In years lost birthday) 74	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
	CCUPATION (Give kind of working life, even if retired		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Sal 3. FATHER'S N	esman	Appli	ances	Baltimore, M	d	USA
	harles Kirkla	nd		14. MOTHER'S MAIDEN N Oliv	ia Harman	
5. Was Decea:	sed Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unkno	own) (If yes, give wor or do	_	213-10-8983 CAUSE O	Bertha M. Kir	kland (Wife)	Same
DISEASES	re, osthenio, etc. II meoromplication which coust ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (AING CONDITION Iost.	ed deolh.) ES ony, giving	(B)			
TO THE	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CO	LATED TO TH		Tes Mel	litus Noll 20B, IF YES, WERE	14 Rd+
19A. DATE	WAS PI	ERFORMED		NO	IN CERTIFYING C	AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING RIBUTING CAUSE OF orify medical examiner	218 hom	ne, loim, factory, stieet, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		. INJURY OCCURRED ille At Not While	21F. HOW DID IN	IJURY OCCUR?	
22. L certi	ify that (I) (this hoopit	t behaatt	he deceased from E	Rug	1953,0	au. 1967
	lost saw the decea		Jan. 6	567	11 - 10 - 0	17
				ond	rnor in (my)	inion deoth accurred on the do
		oted above. (	I) (WE) (and (did not) v	iew the body ofter death	•	
23A. SIGN	om tock	ann	mey A.D. Atte	nding Med.	Stoff Phys.	23B. DATE SIGNED
23C. PHYSIC	CIAN'S E (Type) Wm. ]	H Kammer,		6011 Yor	k Road Balto	. Md.
24A. BURIAL C		24C. N.	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State)
REMOVA		3/67 17-1	lee Dada			
Buria.	Jan 13		ly Redeemer Cer		ltimore, Md.	ADDRESS
UNI DATE KE	JAN 12 1967	1 116	2 Francisco	Eugenia K	Seitz 5209	York Road
/S 150-REV. 1/		لانبعثامالا	C' donai.	Seitz Funer	1 Home Bal	to. Md. 21212
I JOHNE AT 17	1/03					

Products Register

IMPORTANT

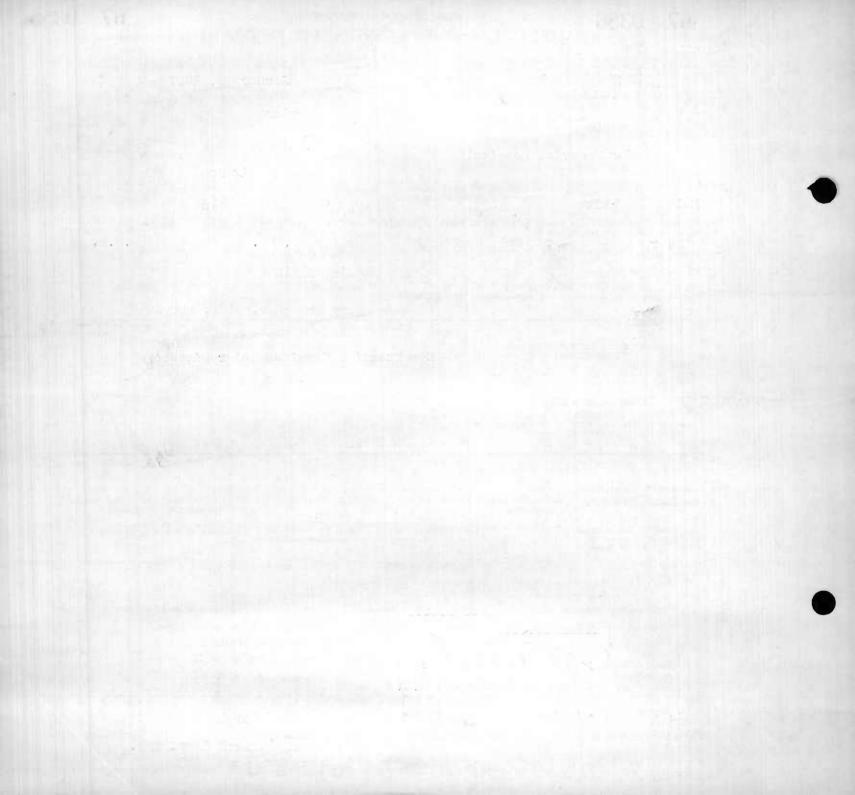
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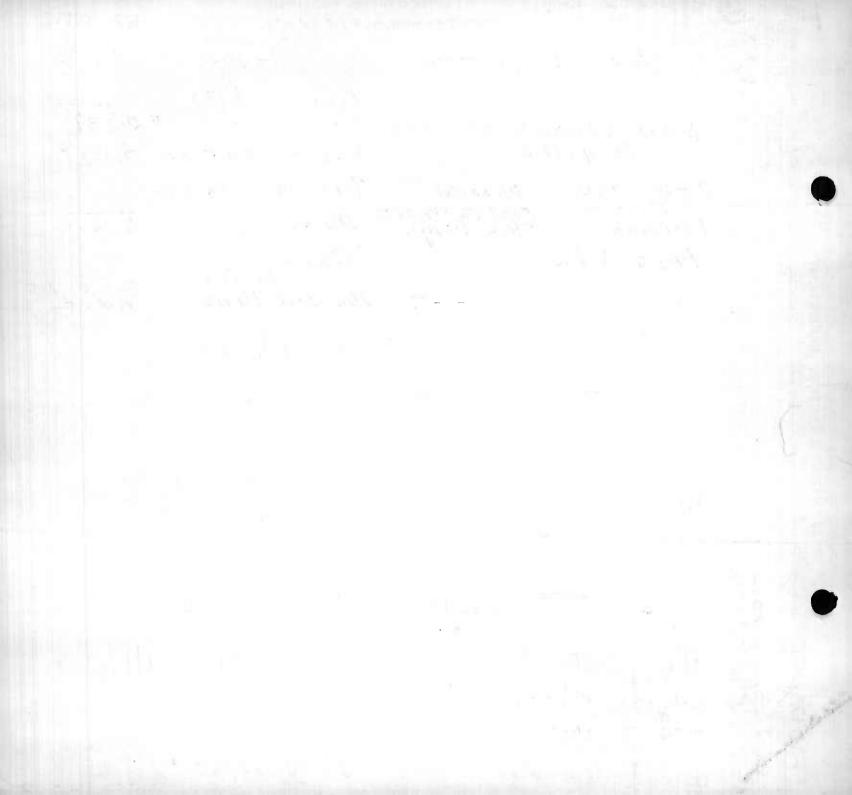
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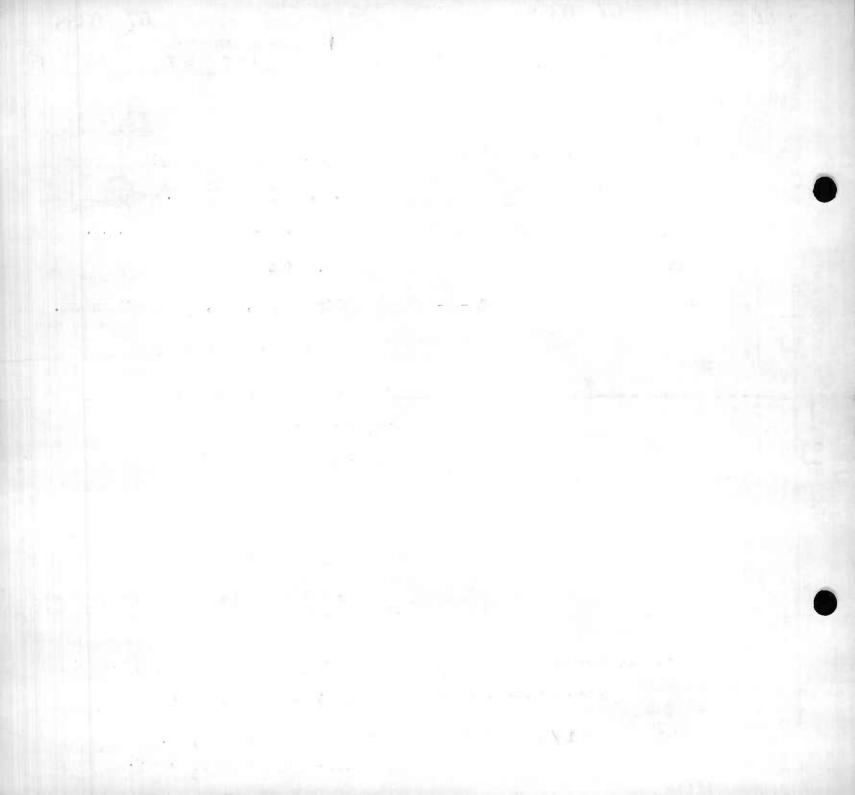
RTH NO.	67 0355	CERTIFIC	ATE OF DEATH	Registered No.	
NAME OF DE	WILLI			ry 10, 19	
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		deceased lived, If	institution: residence before admissi
FULL NAME	OF (If not in hospital	or institution, give street	Maryland		
HOSPITAL OR	oddress or tocotio	n)	C. CITY OR TOWN (It outside	de city limits, write	RURAL and give township)
0 10	2477 -		Baltimore		8-01
7)0	3155 Lync	dale Avenue		rol, give location)	
			3155 Lyndale	Avenue	
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years st birthday)	Months Doys Hours Min.
Male	White	Married	11/14/04	62	
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Baker		Retail Bakery	New Jersey		U.S.A.
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME		0.0.4.
	Frank Cuc	lnik	Elizabeth N	Michalak	
5. Was Decease	d Ever in U. S. Armed For		17. INFORMANT		ADDRESS
es, no oi unknow	n) (If yes, give wor or dote		· W 0 11 0	7 11 0	
18.	-	217-01-2056		adnik, 31	
1 0 0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	KECILY (	The buil her	a to a	2 hum
	nat mean the mode of		Cere varia		
	, asthenia, etc. It means mplication which caused		40 - 24	) 4)	m 1 -
		deoth.)	January 8 H	e Lune	g 7mm.
injuly al ca	ANTECEDENT CAUSES	(8) DUE TO	Jaums 8 H	o June	7 mm
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A)	deoth.)  (B)  DUE TO	Jaums 8 H	e fun	7 mm
DISEASES	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	deoth.)  (B)  DUE TO	Torum 8/8	of fun	q 7mm
DISEASES rise to th	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION last.	any, giving slating the (C)	Jaums 8 H	e June	9 7mm
DISEASES rise to th	ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION fast.  IIIICANT CONDITIONS CONDITIONS CONDITIONS CONDITION TREATED	any, giving slating the (C)	Jaums 8/8	La Lune	q 7mm
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DISEASES rise ta th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19A. DATE O  21A. ACCIDE OR CONTRIB DEATH (notify (APPROX.)  22. i certify that (i) (we and hour an 23A. SIGNAT	ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION last.  IIIIICANT CONDITIONS COPEATH BUT NOT REAL CONDITION CAUSING F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)  (Month) (Doy) (Year)  y that (i) (this haspitol ) last sow the deceose and from the couses sto	any, giving slating the (C)  CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While AI Not Work  Work Not Work  1) attended the deceased from ted obove (H) (We) (did) (did not home).	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY ON DID INJURY OF DID IN	(If in Boltimo RY OCCUR?  Cot to In(my) (our) op  off tys.	re City, give exact locotion)  19/67 19 6 inion death occurred on the d 238. DATE SIGNED
DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19A. DATE O  21A. ACCIDE OR CONTRIB DEATH (notif) (APPROX.)  22. I certify that (i) (we and hour an 23A. SIGNAT	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the (C)  CONTRIBUTING ATED TO THE IT.  CONTRIB	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OF DID IN	(If in Boltimo RY OCCUR?  Cotto in(my) (our) op  off nys.	inion deoth occurred on the d
DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 1994. DATE OF 1994. DATE	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the (C)  CONTRIBUTING ATED TO THE IT.  CONTRIBUTION FOR THE IT.  CONTRIBUTION TO THE I	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OF DID IN	(If in Boltimo RY OCCUR?  Cot to In(my) (our) op  off tys.	re City, give exact locotion)  19/67 19 6 inion death occurred on the d 238. DATE SIGNED
DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE L DISEASE OR 19A. DATE O  21A. ACCIDE OF CONTRIB DEATH (notification) 12 Control 14 Control 15 Control 16 Control 17 Control 18 Control 19 Control 10 Control 10 Control 10 Control 10 Control 10 Control 10	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the (C)  CONTRIBUTING ATED TO THE IT.  CONTRIB	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OF DID IN	IN CERTIFYING CA	inion deoth occurred on the d

Oreman greater -1. 1/6/1 33 6 Love Rocker J. Pedalots 12 monter Bathman Ball G.

1. NAME OF DE	PERCY Kle	ein	BRITCHER			ry 8, 1967		7:40	A <sub>M</sub> .
3. PLACE IN BAL	TIMORE, MARYLAND,		JTION, GIVE STREET	A. STATE Ma	ryland		YTAUC		dmission)
HOSPITAL OR	ADDRESS OR LO	CATION)		Ва	ltimore	corporate limits, wr	rite RURAL on	7-34	<i>f</i>
44	Union Memori	ar Hospit	:a1	D. STREET ADDR	ess (II rurol, (		#6		
5. SEX Male	6. RACE White	Marrie		3/8/05		9. AGE (In years	Months	1 Yr. II Unde Doys Hours	
	working life, even if retired	d)	Employed	Baltimon	re, Md.	co untry)	U.S	T COUNTRY?	
15. WAS DECEAS	Britcher		16. SO CIAL	Louise K	lein		ADDRESS		
no or unknow	n) (II yes, give war ar d	otes of service)	SECURITY NO.	Mary Br	itcher,	wife, abov	ve		
heart failure injury or co	not mean the mode e, asthenia, etc. It med amplication which couse	ons the disease, ed death.)	(A) Hypert	ensive Car	diovascı	ıla <b>r</b> Disea	se		
DISEASES RISE TO THE UNDERLY!  OTHER SIG	P. oshlenio, etc. If mecomplication which couse  ANTECEDENT CAU:  OR CONDITIONS, IF  HE A80VE CAUSE (A)  NG CONDITION LAS  II  SNIFICANT CONDITION  DEATH BUT NOT	ol dying e.g., ons the discoso, d deoth.)  SES  ANY, GIVING STATING THE T.  AS CONTRIBUTIN RELATED TO TI	(B) DUE TO (C)	ensive Car	diovascu	ıla <b>r</b> Disea	se		
DISEASES RISE TO THE UNDERLY!  OTHER SIC TO THE DISEASE C	e, oshenio, etc. If mecomplication which couse  ANTECEDENT CAU: OR CONDITIONS, IF HE A80VE CAUSE (A) NG CONDITION LAS  II SNIFICANT CONDITION DEATH BUT NOT DR CONDITION CAUSI F OPERATION 178, CC	ol dying e.g., ons the discose, d deoth.)  SES  ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO TI NG IT.  DINDITION FOR V ERFORMED	(B) DUE TO  (C)	20A. AUTOPSY?	(Yes or No) 2	OB, IF YES, WERE IN CERTIFYING CAI	FINDINGS CC USES OF DEA	ATH?	
DISEASES RISE TO TH UNDERLYI  OTHER SIG TO THE DISEASE OTHER SIG TO THE DISEASE UNDERLYING UNDERLYING UTING CAI	BONIFICANT COUDER  BONIFICANT CONDITIONS, IF THE ASSOVE CAUSE (A) NG CONDITION LAS  II  BONIFICANT CONDITION DEATH BUT NOT DEATH NOT DEATH BUT	ol dying e.g., ons the discose, d deoth.)  SES  ANY, GIVING STATING THE T.  SIS CONTRIBUTING RELATED TO TH NG IT.  DINDITION FOR V ERFORMED	(B)	20A. AUTOPSY? No	(Yes or No) 2	OB, IF YES, WERE IN CERTIFYING CAI	FINDINGS CC USES OF DEA	ATH?	
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DISEASES RISE TO THE UNDERLY!  OTHER SIC TO THE DISEASE OF THE DIS	ANTECEDENT CAU: OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAS  II SNIFICANT CONDITION CAUSI F OPERATION 198, CO WAS P AL CAUSE WAS OR CONTRIB- USE OF DEATH.  (Month) (Doy) (Y.	ol dying e.g., old deoth.)  SES  ANY, GIVING STATING THE T.  AS CONTRIBUTIN RELATED TO TI NG IT.  DINDITION FOR V ERFORMED  21B. I home, etc., www. Inquiry	OUE TO  (B)	20A. AUTOPSY? No in or obout 21C. W office bldg, INJURY 21F. HC WORK utapsy and de Homicie CHIEF ME	(Yes or No) 2 HERE DID (III OCCUR?  W DID INJUST  that an this de Unicolate EXA	OB. IF YES, WERE IN CERTIFYING CAI I in Boltimore City, RY OCCUR? Is basis, death in	FINDINGS COUSES OF DEA	ath?	:NED
DISEASES RISE TO THE UNDERLY!  OTHER SIC TO THE DISEASE OF THE DIS	ANTECEDENT CAU: OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAS  II SNIFICANT CONDITION DEATH BUT NOT DR CONDITION CAUSI F OPERATION 19B, CO WAS P  AL CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Y  ctify that I held an lited fram: Natural c	ol dying e.g., ons the discose, d deoth.)  SES  ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO TI NG IT.  DINDITION FOR V ERFORMED  21B.   home, etc.]  Inquiry   Inquiry   Tauses X A	OUE TO  (B)	20A. AUTOPSY? No in or obout 21C. W office bidg, INJURY 21F. HC WORK  WHILE WORK  Homicia CHIEF ME ASSISTANT ME ASSOCIATE MI	(Yes or No) 2 11 HERE DID (III OCCUR?  W DID INJUR  that an this le Ur EDICAL EXA	OB. IF YES, WERE IN CERTIFYING CAN I in Boltimore City, RY OCCUR? Is basis, death in Indetermined man AMINER AMINER	FINDINGS COUSES OF DEA	DATE SIC	







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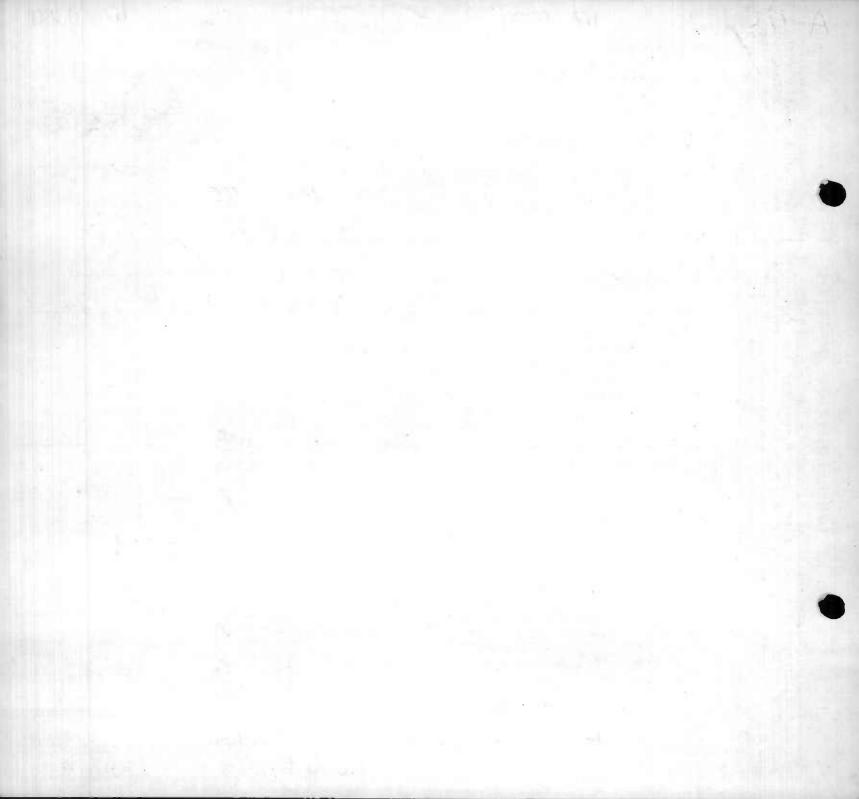
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death.

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH M.E. CASE NO 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Anna M. January 11, 1967 Husted 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township INSTITUTION Baltimore 1917 E. Belvedere Ave. (If rural, give location) D. STREET ADDRESS 3708 Rexmere Rd. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Ooys If Under 24 Hrs. WIDOWED DIVORCED (specify) lost birthdoy) Hours ! Female White December 6.1882. IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry T. Husted Anna E. Knoble 17. INFORMANT 5. Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mrs. Erck H. Heller, 1917 Belvedere Ave. No 213-48-6035 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the obave cause (A) stating the UNDERLYING CONDITION last, П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from an that (1) (we) last sow the deceased alive on ond that in(my) (aur) opinion death occurred on the date ond hour ond from the couses stoted obove. (I) (We) (did) (did nat) view the bady ofter deoth. 23A. SIGNATURE 23B, DATE SIGNED Attending X January 12, 1967 written approval 23C. PHYSICIAN'S 23D. ADDRESS Charles C. MacMinn, M.D. 2900 E. Baltimore St. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore, Md. 1/14/67 Oaklawn Cemetery 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/65

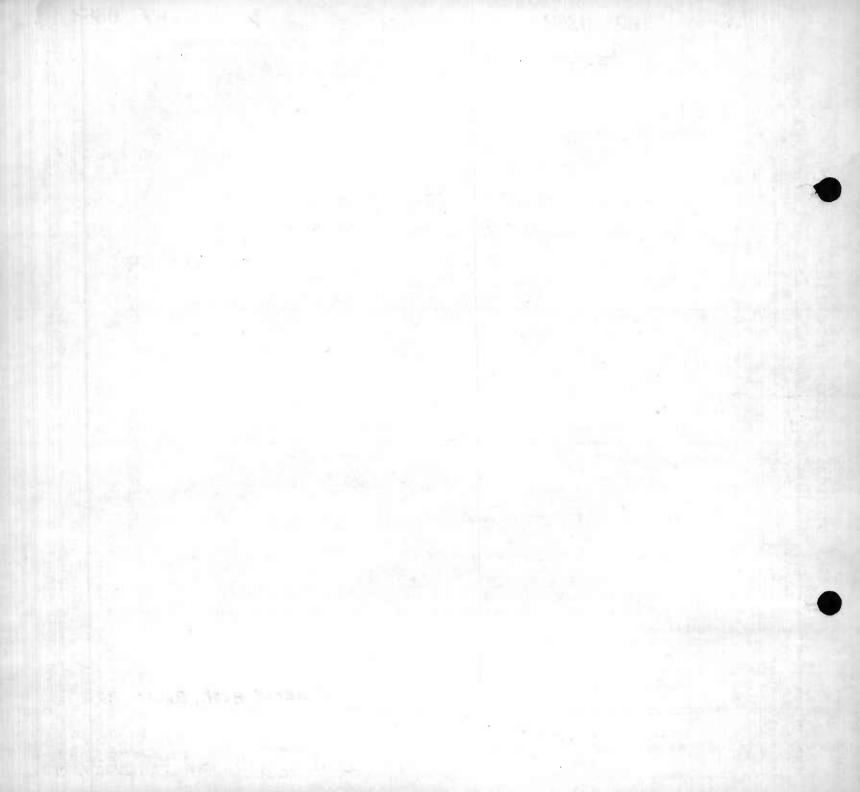
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12	67 0200	HEALTH DEPARTMENT	67 0360
m E	RTH NO.  CERTIFICA  CERTIFICA	TE OF DEATH Registered No.	00000
) 1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	ype or Printi Vinginia Allen	1/10/67	6:20 PN
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where receased lived. If i	institution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street	Maryland	Balla. Co.
	HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
I.	Lutheran Hospital	Baltimore	53-00
L	Latherin 1705p. 1 at	D. STREET ADDRESS (If rurol, give location)	
L	V	011-8 11 ver.	
э.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)	Manths Days Hours Min.
	New Widowald Widowald No. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11 8 91 15	110 6177511 05
	one during mest of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	KetiRed	Calverton, Virginia	U.S. A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Melvin Johnson	HOA LOUISE Johns	son
15 (Y	es, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mc Ames Aller &	Ell Street
_	18. 2 90 1 1 CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH	gestive Heart Failare	1 Este 1 day
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		
	injury or complication which caused death.)	vere Anome	
	ANTECEDENT CAUSES  (B) 3  DUE TO		
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	ble Pernicions er	
	UNDERLYING CONDITION lost. Mean	aloblastic Anemia.	
١,			
ATION	TO THE DEATH BUT NOT RELATED TO THE	ASCUN	
A C	DISEASE OR CONDITION CAUSING IT.		FINDINGS CONSIDERED
COTIEIC	WAS PERFORMED	No IN CERTIFYING CA	LUSES OF DEATH?
20	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of	ar about 21C. WHERE DID (If in Boltimor	re City, give exact location)
IV.	( DEATH (notify medical examine) (etc.)	ince stags, indokt Occok:	
	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
AA	OF INJURY (APPROX.) While At While At Work At Work	e	
	22. I certify that (I) (this haspital) attended the deceased from	2- may 1D 1067 to 7111	7/10 10 67
		19 4 2 and that in (my) (aur) opt	0 1
	and hour and from the causes stated above. (I)((We) (dld)/(did not) v		a devin occurred on the got
	23A. SIGN ATURE	iew lie body offer deoff.	23 B. DATE SIGNED
	Robert CRU h M.D. AHO	ending Med. Staff	1/10/12
	23C, PHYSICIAN'S	Anding Med. Staff Phys. 23D. ADDRESS	110/61
	Robert C. Blackmon M.D.	Latheran Hospital	/
24	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		ity, town, or county) (State)
24	REMOVAL (Specify)	1 / LOCATION (C	, lowin, or county) (Stole)
2.	Burial 1014-61 EDENCYCE Ch.	emetory Midland	VITGINIA
25	JAN 12 1967	25C. FUNERAL DIRECTOR	In/I In on 1 6
L	5 150-REV. 1/1/65	TUDTUTE HIGHT 9171	1 101 Hacers 3
A.3	3 13V-REV. 1/1/03	~	

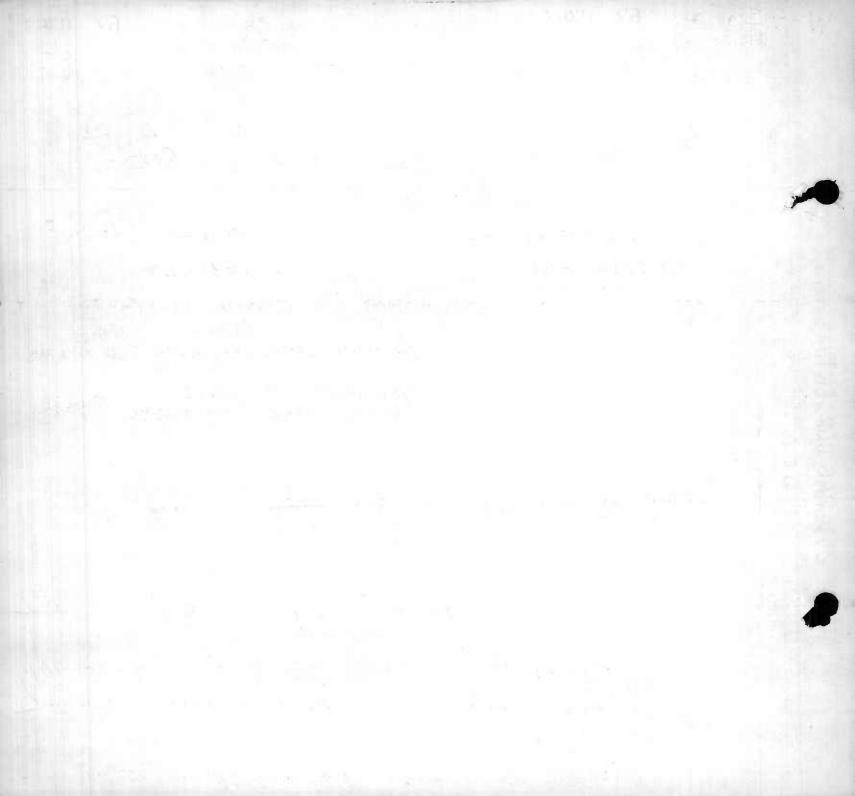


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	BALTIMORE CITY	HEALTH DEPARTMENT	0000
BIRTH NO. 67 0362	CERTIFICA	TE OF DEATH Registe	ored No.67 0362
M.E. CASE NO.  1, NAME OF DECEASED	-/-	2. DATE AND HOUR OF	
1 PLACE OF DEATH IN BALTIMORE, MARYLAND	rfield	1/9/6	7 11:25 P. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	tived. If institution: rosidenco balara admission)
FULL NAME OF (If not in haspital ar institution, address or location)	give street	MP. BALTI	MORE CO.
HOSPITAL OR address or location)	11	C. CITY OR TOWN (If outside city lim	1
277/1000	//	EASTWOOD  D. STREET ADDRESS (If turol, give lo.)	53-00
olllercy r	tosp.		RE ST, #2/224,
	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In y lost birthdoy)	veors If Under 1 Yr., 11 Under 24 Hrs Manths: Doys Hours: Min.
T 1 4 2 11 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DOWED	OCT, 29, 1898 68	
tOA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	E WORK	PENNSYLVANIA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
EMANUEL J. STRE	ETT.	FLORENCE I	HAMMOCK
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, na ar unknown) (If yes, give wor or dotes of service)	SECURITY NO.	CLARKE W MARCHE	SAME.
10 4 6 6	736-30-3712H	GLADYS K. MASKEL	
18. 4 2 1 1	CAUSE OF	P DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Sul	endocardial deger	nevation 24 has
(This daes not mean the made of dying, e.g.,	DUE TO	en accarona, or jer	18141101 = 1 2001
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	2	2 6 6 1/ 5	
ANTECEDENT CAUSES	(8)	ISCVD.	
DISEASES OR CONDITIONS, if any, giving	DUE 10		
rise la the abave cause (A) stating the UNDERLYING CONDITION last.	IC)		*** **********************************
ONDERETING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G Co	rpulmonale	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING IT.	E Chronic	pulmonary emphysema	
	WHICH OPERATION	Dulmonary emphysema 20A. Autopsy? (Yes at Not 20B. If YE IN CERTIF	S, WERE FINDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED		7 es IN CERTIF	YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF		or obout 21 C. WHERE DID III in fice bldg., INJURY OCCUR?	Boltimore City, give exact lacotion)
▼ DEATH (notify medical examiner) etc.		nee stage, into a cook.	
	INJURY OCCURRED	21 F. HOW DID INJURY OCCUP	r
OF INJURY (APPROX.) Whi	ile At Not While		
		1/9 1967 10	1/6/ 10/
22. I certify that (1) (this hospital) attended the	ne deceased from	10 Landing 19 Landing 19	19 6
that (1) (we) last saw the deceased alive an			(our) apinion death occurred an the dat
and haur and fram the causes stated obave. (I	) (War) (did) (did not) v	iew the bady after death.	
23A. SIGNATURE	M.D. Atte	nding Med. Stoff	23B. DATE SIGNED
I halso le Do	Phy:	Director Phys.	1/10/6/
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	
PHILIP B.	DVOSKIN M.D.	MERCY HOSP	, BALTO, MD.
REMOVAL ISpecify)	AME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, tawn, ar county)     Stote
BURIAL 1-14-67 F	BETHANY (	EM. CALL	AO, VA.
	OF REGISTRAR		224 EASTERN AVE.
JAN 13 1967 (P.C.)	- 8, Jakerman	Charles & terler	BALTO, 21224, MD,
VS 150-REV. 1/1/65			



67 0363	BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO.  M.E. CASE NO.	CERTIFICATE OF DEATH	Registered Na. 67 0363
1. NAME OF DECEASED	2. DATE AND H	HOUR OF DEATH
(Type or Print) WILL T MO, E	DIJARD DEAN 1-	-10-1960 1450 M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		eccosed lived. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give :	Addanged	2.06 C.
HOSPITAL OR oddress or tocotion	C. CITY OR TOWN (If outside	city limits, write RURAL and give township)
BALTIMO	RE.MD BALTIMORI	
11,	D STREET ADDRESS (If rural	give location)
MONTEBELLO STATE H	OSPITAL 27 AVE	UAL ROAD
6. SEX 6. RACE 7. MARRIED, NEV	ER MARRIED VORCED (specify)  B. DATE OF BIRTH  9. A	GE (In years If Under 1 Yr. If Under 24 Hrs. birthday) Months Doys Hours Min.
M W MA	RRIED 5-30-1915	onnicoy/
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS		
done during most of working life, even if retired)	11 1/10	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	TINIA WIDIN
Price	CT 6	
RUSSELL W/LT  15. Was Deceased Ever in U. S. Armed Forces?   16.	SOCIAL 17. INFORMANT	ROVINCE
	SOCIAL SECURITY NO.	ADDRESS
No  2	32-05-1400 PRS, ROSAL	IE WILT (WIZE)
18.42211	CAUSE OF DEATH	INTERVAL RETWEEN
DISEASE OR CONDITION DIRECTLY	A	JERIAL ABOUT
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	ARTERIOSCIEROTIC DE	CCLUSIVE 3/ MONTHS
heart failure, osthenio, etc. It means the disease,	<b>56</b> 2 10	DISTASE.
injury or complication which caused death,)	CHIERAL 17EX ADIL	CELINE
ANTECEDENT CAUSES	ARTERIOSCLEROTC C	TI DICTOR 2 4FARD
DISEASES OR CONDITIONS, il any, giving	AKIEKIOSCLEROTC C	-U. DISGRE ! Java
UNDERLYING CONDITION lost.	(6)	
		*
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DISEASE OR CONDITION CAUSING IT.	TAG .	
19A DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED COTE	HOPERATION PITTAL 20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., on or obout 21 C. WHERE DID	(If in Bolfimore City, give exact location)
	rm, foctory, street, office bldg., INJURY OCCUR?	the political city, give exact loconom
S OF INJURY	JRY OCCURRED 21F. HOW DID INJURY	O C C U R?
(APPROX.) White Al	Not While	
22. I certify that (I) (this haspital) attended the de	eceased fram 1 - 3 - 19 (	6710 1-10- 1967.
that (1) (we) lost saw the deceased alive an	1-10-19 610 and that in	n(my) (qur) apjulan death accurred an the date
and haur and from the causes stated abave. (1) (M		
23A. SIGNATURE	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	23B. DATE SIGNED
4 1 10	M.D. Attending Med. Stoff	
23C. PHYSICIANS M. M. PM	M.D. Affending Med. Director Phys	1-10-1967
23C. PHYSICIAM'S NAME (Type)	1	
- CIN U. PAR	K MONTEBELLO	STATE HOSPITAL
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME	of CEMETERY OF CREMATORY 24D. LOCA	TION (City, town, or county) (State)
Burial 1/14/67 Bel	air men Bol	air- mal
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
JAN 13 1967 12 0 62	Faloura O. B Camalle	y four 300 mare
'S 150-REV. 1/1/65		1 1



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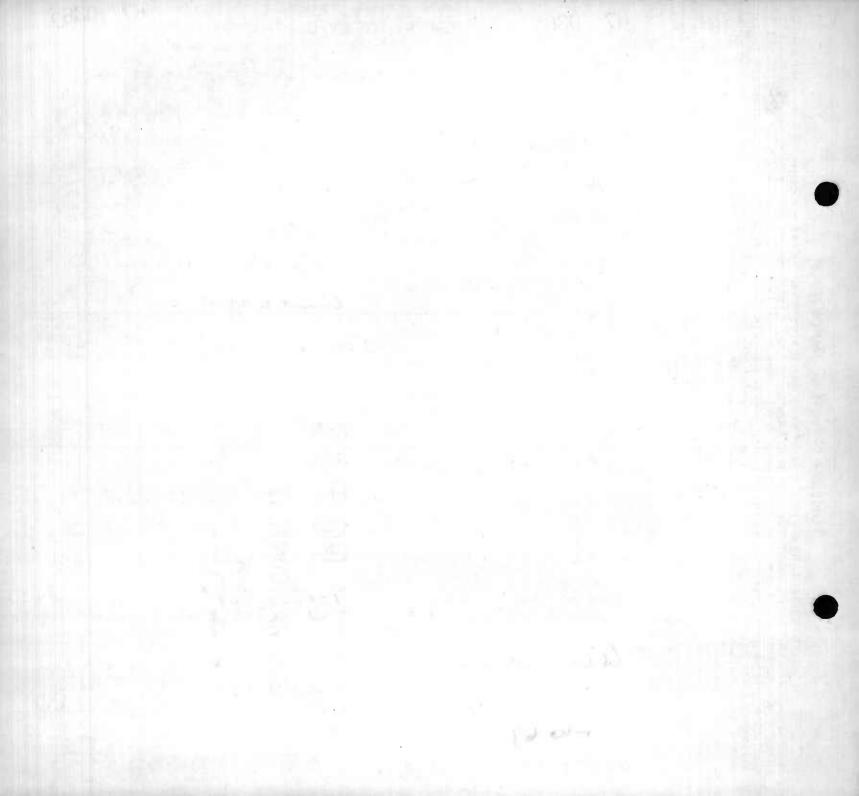
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IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

of death Deceased the

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death.

and

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 12-IVI O 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore #18 2226 Harford Road D. STREET ADDRESS (If rural, give location) 2226 Harford Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Days If Under 24 Hrs. Hours | WINDWED BYORCED (specify) Male lost birthdoys White March 19.1885. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Repairman Shoe Shop Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph DiMartino Josephine Cimino 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) (Same) Mrs. Grace DiMartino No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OFONATL (This does not mean the mode of dying, e.g., hearl failure, osthenio, etc. It meons the diseose, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving Z to the obove couse (A) sloting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OP RATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hespital) attended the deceased from that (1) (we) last saw the deceased alive on. and that in (my) (awe#apinion death accurred on the date and hour and from the causes stated above. (!) (Wiz) (did) (did net) view the bady after death. 23A. SIGNATURE 23 B, DATE SIGNED Attending Phys. Med. Stoff Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 6077 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore, Md. 1/16/67. Holy Redeemer Cemetery Burial 25C. FUNERAL DIRECTOR

Lepnand J.

Ruck, Inc. Balto. Md. 21214

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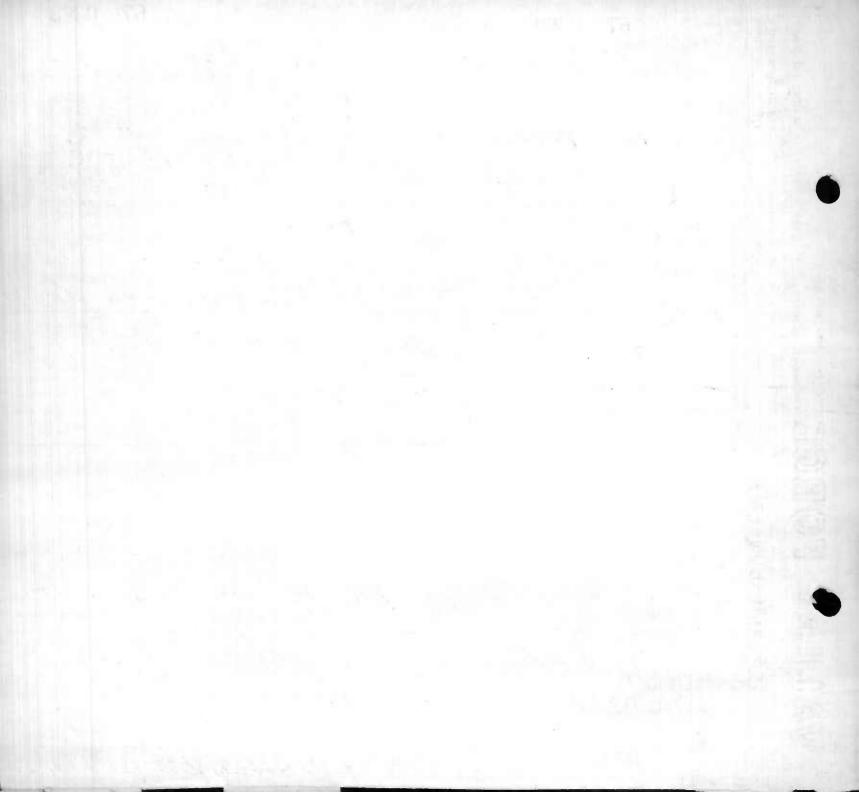
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	H NO. D/ US	0/	CER	TIFICATE	OF DEATH	Registered No.	b/ U35/	
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F	ULL NAME OF (If not in hosp oddress or loc NSTITUTION		an, give street	A. 5	May Car	ore deceased lived. If it	institution: residence before adm	missian
	it 8		. 6 (0.	D. S	TREET ADDRESS (IF	rural, give tosation) -alf	0/2/2	
5. S	EX G. RACE		IED, NEVER MAR WED, DIVORCED		TE OF BIRTH /15/84	9. AGE (In years lost birthday)	If Under 1 Yr. , If Under	24 Hr Min,
done	USUAL OCCUPATION (Give kind of during most of working life, even if retire inter		ether		Balto	, Md.	12. CITIZEN OF WHAT COUNTRY?	
	FATHER'S NAME  William  Nas Deceased Ever in U. S. Armed	Forces?	TP6. SOCIAL		TOTHER'S MAIDEN NA  MANUEL FORMANT	i Hy	acts Address	
	, no or unknown) (If yes, give wor or No			NO.	iss Anna F.	Goetz	(Same)	
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	07 0000	BALTIMORE CITY	HEALTH DEPARTMENT		CF 0200
	TH NO. 67 0368	CERTIFICA	TE OF DEATH	Registered No	67 0368
1,1	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
1	me Ann Mary Sara	LULLO (Sa	raullo) Pen	Jary 12	1960 1005
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased Bved. If ins	tritution: residence before admission
	SUIT MANE OF U.S. 1		A. STATE B. COUNT	11	
	FULL NAME OF (If not in hospital or institution, give hospital or oddiess or location)	e street	C. CITY OR TOWN (If outs	rida city limite write P	URAL and pine township)
	INSTITUTION	11. 00	12 00	#34	OKAL OT - GOO
-	The Union Memorial	Hospital	D. STREET ADDRESS (If	ural, egive location)	5,01
	44		2736 Kil	dore ?	rue
i.	SEX 6. RACE 7, MARRIED, N	DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs Months! Days Haurs! Min.
	temple cova wind	au Ispecity	Sept. 30,1901	65	Monnis Day's Hoors Will.
0/	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF B		11. BIRTHPLACE (State at fareig	in country)	12. CITIZEN OF
dor	during most of working life, even if retired)  (Housekeeper)  Chu	ırch	I was I sie		WHAT COUNTRY?
12	(LT CONSTRUCTION OF THE STATE O		Louise	nno	USA
1	FATHERS NAME		14. MOTHER'S MAIDEN NAM		
t	rona Culotte		Beralde	io Mor	no
15.	Was Deceased Ever in U. S. Armed Forces?  s.no or unknown)(If yes, give wor or dates of service)	6. SOCIAL	17. INFORMANT		ADDRESS
	No 2	SECURITY NO. 214-01-1823	Mrs. Rose Kruszy	mski	(Same)
		CAUSE O			INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	CAUSE	CLAIII		ONSET AND DEATH
	LEADING TO DEATH	of	11.00.0		than cham
	(This does not meon the mode of dying, e.g.,	DUE TO	m310/2016	ons	J. Mars 2
	heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES	(R)			
		DUE TO	- 8 8 8 mm mm 2 mm mm m m m m m m m m m m	******************	***************************************
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(6)			
	UNDERLYING CONDITION last.	(C)		*******************************	***************************************
	11				
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
AT	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FI	NDINGS CONSIDERED
RT	WAS FERFORNIED		No	IN CERTIFIING CAU	JES OF DEATH!
	OR CONTRIBUTION CONTRACTOR	LACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacotion)
AL	DEATH (natify medical exominer)	ronn, rociory, sireet, or	ince sings, INTOKE OCCUR!		
20	21D. TIME (Month) (Doy) (Year) (Hour) 21E. II	NJURY OCCURRED	21F, HOW DID INJU	IRY OCCUP?	
ME	OF INJURY (APPROX.) While				
	Work	At Work			
	22. I certify that (!) (this hospital) attended the	deceosed from Da	e 28 1	966 10 800	12 1967
	that (I) (we) last saw the deceased alive an	In 12	19.67 ond the	t in (my) (QUE) opin	ion deoth occurred on the do
	and hour and from the couses stated above. (1)				
	28A SIGNATURE	( -) (a.a.) (a.a. 1104) v	the body ditel dedth.		23B, DATE SIGNED
	P ( ) () ()	M.D. Alle	ending Med.		Q.
	Jack Hondler	Phy	s. Director	Stoff Phy s.	Jen. 12 1967
	DEC. PHYSICIAN'S NAME (Type)	S 1 4 4	23D. ADDRESS		
	JOE T. CHANDLER	M.D.	THE CUNLON MEN	MORLAL HOS	PICTAL Boltime
24/	A BURIAL CREMATION 24B DATE 24C NAM	AE of CEMETERY OF CRE			, lown, or county) (Stole)
	Burial 1/16/67. Dul	anor Valla		Baltimo	
28		aney Valley		~ar omio	
137	A. DATE REC'SAN 13 1967	REGISTRAR	25C FUNERAL DIRECTOR	ale Ina Par	ADDRESS  1+0 Md 2121/
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BALTIMORE CITY HEALTH DEPARTMENT

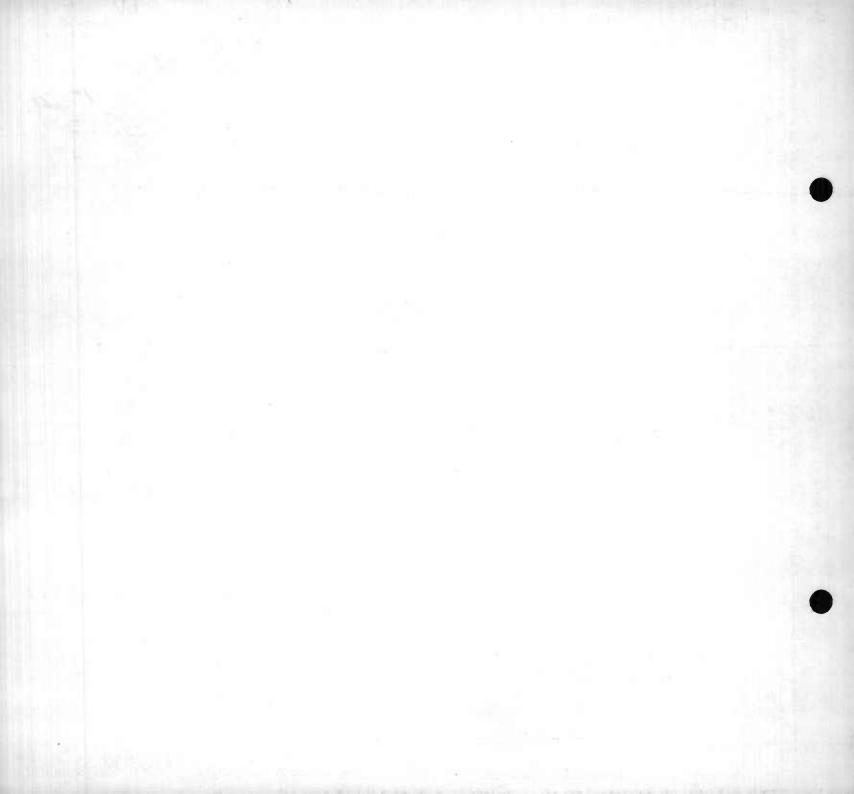


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DIRECTOR:

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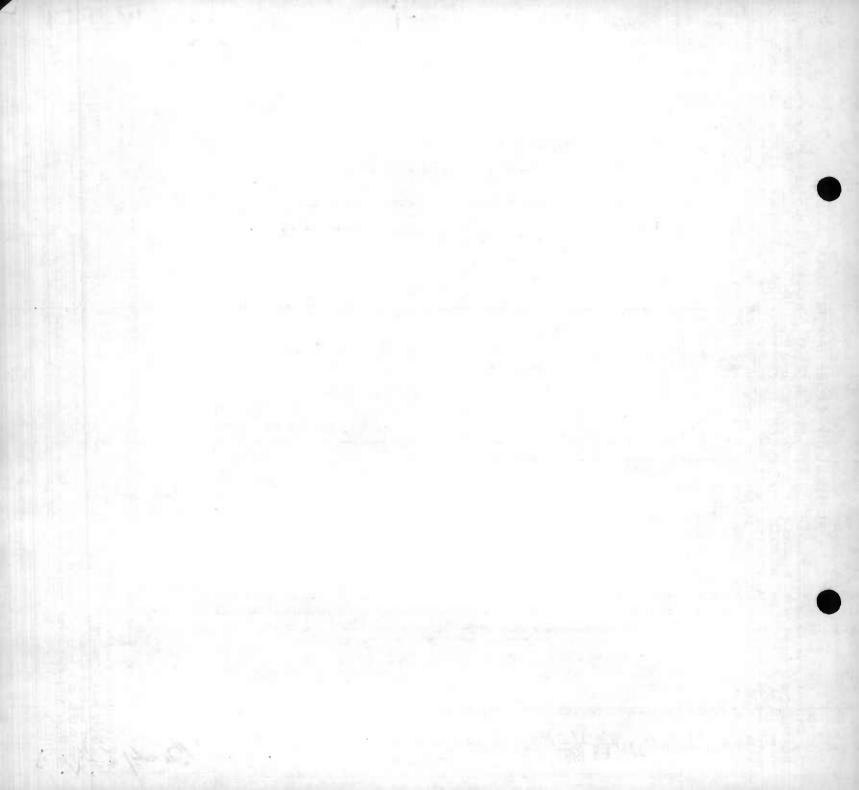
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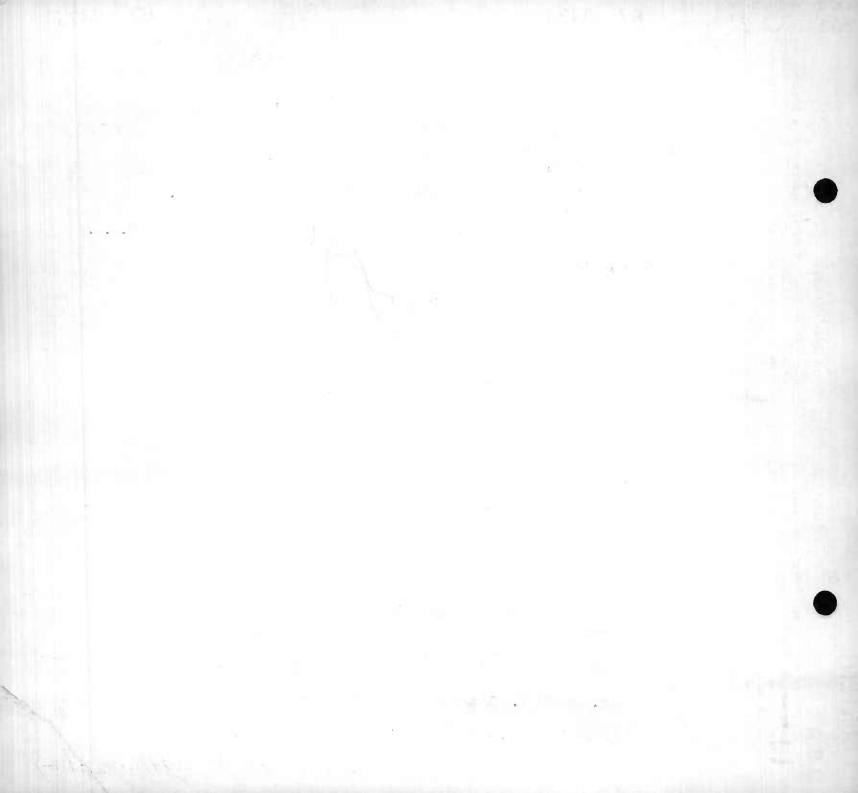
BIRTH NO. 67 0373		TE OF DEATH	Registered Na.	67	0373
M.E. CASE NO.  1, NAME OF DECEASED  (Type or Print) Mary E. Tucker			NP HOUR OF DEATH	1	
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If ins	stitution: residenc	e before odmissi
HOSPITAL OR INSTITUTION  WAS A STATE OF HOSPITAL OR INSTITUTION  St. Agnes Hospit  Baltimore, Md. 2	cal	c. CITY OR TOWN III o Baltimore  D. STREET ADDRESS II 1723 Letitia	frurol, give location)	URAL ond give	township)
f W WIDOW	D, NEVER MARRIED  ED, DIVORCED Ispecify)  idowed  OF RUSINESS OF INDUSTRY	B. DATE OF BIRTH 12/16/1894	9. AGE (In years last birthdox 72	If Under 1 YI. Manths Doys	
nne during most of working life, even if relired)  Retired Housewife 3. FATHER'S NAME		Maryland		U.S.A	UNTRY?
Luther Franklin		Amelia Gri			
5. Was Deceased Ever in U. S. Armed Forces? Yes, na arunknawn) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 215-34-6062	Mrs. Frances	I. Pickett, 3	ADDI 3681 McTa	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g. healf foilure, osthenio, etc. It means the diseos injury or complication which caused death.)	(A) DUE TO	assire	pulu es.	ONSET	AL BETWEEN
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DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or N	208, IF YES, WERE F	INDINGS CONS	NDERED ?
OR CONTRIBUTING CAUSE OF	IB. PLACE OF INJURY (e.g., in ome, form, factory, street, of c.)	or obout 21C. WHERE DID	IIf in Boltimare	City, give exoc	t location)
21D. TIME   Manth) (Doy) (Year)   Haur) 21	CE INJURY OCCURRED  While At Not While At Work	21 F. HOW DID IN	JURY OCCUR?		
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an			to hat in(my) (our) apIn		
and hour and from the causes stated above.  23A. IGNATURE	M.D. Atte	nding Med.	Stoff	23B. DATE SIGN	VED /CV
23C. PHYSICIAM'S NAME (Type)	Phys M.D.	3D. ADDRESS	rnys.		161
NEW THE TOPOSTY	NAME of CEMETERY of CRE		Caylorsville,	y, town, or coun	
202202	OF REGISTRAR				



amapolis, Ma.	BALTIMORE CIT	TY HEALTH DEPARTMENT	1 /	ET COM
BIRTH NO. 67 0374	CERTIFIC	ATE OF DEATH	Registered No.	07 9374
M.E. CASE NO.  1. NAME OF DECHASED	O_KTII.G		ND UOUS OF STATE	
(Type or Print) PORSPT /	INKOUL	2. DATE A	HOUR OF DEATH	7 , , , , , ,
3. PLACE OF DEATH IN BALTIMORE, MARYLA	AND JACKS ON		0 /	10-A.
TEACT OF DEATH IN BALLIMORE WARE	AND	4. USUAL RESIDENCE (Wh A. STATE B. COU	NTY	institution; residence before admission
FULL NAME OF (If not in haspital or in	astitution, give street	mi		0.0.0
HOSPITAL OR address ar lacation)	growth growth and a second	C. CITY OR TOWN (If a	utside city limits, write	RURAL and give tawnship)
THE STATE OF THE S		Campague	15	10.00
mcaca Josa	Ae	D. STREET ADDRESS (II	f rural, give location)	2020
mekcy HOSP	MAC			
. SEX   6. RACE   7. /	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	lo	
	WIDOWED, DIVORCED (specily)		9. AGE (In years last birthday)	Months Days Hours Min.
111. W		10-30-66	2/200	. 2
OA, USUAL OCCUPATION (Give kind of work 10 B.	. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
dane during mast af warking life, even if retired)		Ammonolia	2	WHAT COUNTRY?
3. FATHER'S NAME		Annapolis, Mo		USA
30 FAIRERS NAME	1	14. MOTHER'S MAIDEN NA	AME	
HERMAN INC	KSIN	KURU	CARR	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	COM	ADDRESS
Yes, na ar unknawn) (If yes, give war ar dates of	SECURITY NO.			
		Hospital Recor	ds	Baltimore, Md.
18. 7 5 6. 21	CAUSE	OF DEATH	0	INTERVAL BETWEEN
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LEADING TO DEATH	(A) 3 =	The weller, top	Mas	
(This does not mean the made of dyi	ng, e.g., DUE TO	P. A. A.		
heart failure, asthenia, etc. It means the		erellial exten	ca,	//
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	DUE TO	B : 1 1 -1	· · · · · · · · · · · · · · · · · · ·	
DISEASES OR CONDITIONS, if any,	giving 57 /	energital all	mores of	
rise to the abave cause (A) sta UNDERLYING CONDITION last.	ling the (C)	3:143:40		
		egunun		
OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTIALC			
VI TO THE DEATH AND THE				La Discourse
DISEASE OR CONDITION CALLED		1004		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes at N	IN CERTIFYING CA	FINDINGS CONSIDERED
<b>E</b>		ges	100	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(III In Baltiman	e City, give exact location)
DEATH (natify medical examiner)	etc.)		0	
O 21D. TIME (Manth) (Day) (Year) (H	lour) 21E. INJURY OCCURRED	21F. HOW DID IN	HIRV OCCUPS	
S OF INJURY	While At 77 Nat Wh		JORI OCCOR:	
(APPROX)	Wark At War			,
22. I certify that (1) (this haspital) at	tended the deceased from	1/80	19.67to	1/12 1967
	. / - /:	///		777
that (1) (we) last saw the deceased a	iive dnf	19 (a / and t	hat In (my) (our) ap	nion death accurred an the d
and haur and from the causes stated	abave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	111.			23B, DATE SIGNED
1 11/11/11/11/11		ttending Med.	Stoff /	1/0//27
23C. PHYSICIAN'S	Ph.	ys. Director	Phy s.	1110101
NAME (Type)		23D. ADDRESS		
	M.D	0.		
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D. I	LOCATION (C	ity, tawn, or county) (State
REMOVAL (Specily)				.,,, or coonly? (state
Burial. 1/11/67	Hillcrest Cemet	er v	napolis.	Maryland
	NAME OF REGISTRAR		Hopping /2	MORESS
1901 05	Laure, Markeuma	Ropping Fune	1 17 0	rely G. Hopper of
/\$ 150_PEV 1/1/65		I wahbang . r me	Tell DOME	Annapolis, Ad.



CM COME	BALTIMO	ORE CITY HEALT	TH DEPARTMENT		CITY OOM
BIRTH NO. 67 0375	CERT	FICATE (	OF DEATH	Registered Na.	67 0375
1. NAME OF DECEASED			2. DATE	AND HOUR OF DEATH	
Type or Print) Pearl John	neon		1	/11/67	10:30 a
B. PLACE OF DEATH IN BALTIMORE MARYLAN		4. USI	JAL RESIDENCE (V		institution: residence before admission
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	titution, give street	M	aryland.	Baltimore Ci	TY RURAL ond give township)
The Johns Hopk		D. STI	Baltimore	(If rural, give location)	27-17
			3303 Pate	A Transia	
SEX   Baltimore, Mar	wland 21205 KRRIED, NEVER MARRIE	D 8. DAT	E OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
W	lowed, DIVORCED (sp	pecify)	2/23/05	lost birthdoyl 61 yrs.	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, 1			THPLACE (State or 1		12. CITIZEN OF
one during most of working life, even if retired)			410		WHAT COUNTRY?
Domestic	Domestia		N.C.		U.S.A.
Domestic B. FATHER'S NAME	Domestic	14 440	THEE'S MAIDEN	NAME	0.0.4.
A LUTHER & MUNICE		14. MC	THER S INAIDEN I	MINIE	
Henderson, Wray			Mahalla	1	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 146	ORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of s	service) SECURITY N	IO.		1	
NI	7.17. 75	42.5 M	RRIE RIC	HYONA 521	1/TIEMMARKE AL
10	21 1 10 1	AUGE OF DEA	WIL MCI	VYUUVY JOST	I DESTINUIL AS
18. / 22 X 1		AUSE OF DEAT	n		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y	1.		2 5	
LEADING TO DEATH	(A)	Adou	o Carcina	me at trud	and tailou - 15 min
(This does not mean the mode of dying		E TO	ALL LANGE CONTRACTOR	Col. V.C.	
heall foilule, ostheria, etc. Il means the c	disease,			/	_
injury or complication which caused death	1.)	1 -6			1 1100
ANTECEDENT CAUSES	(B)	MACLU	a, were	unile	- 6/1110
DISEASES OR COMPITIONS IS	00	£ 10			
rise to the above cause (A) statis					
UNDERLYING CONDITION last.	(C)	Destination in cost O O Instantia O was a series who a se a se			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.					
	N FOR WHICH OPERATI	ON   20 A	AUTOPSY? (Yes or	Noll 208, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORM	ED OF	1.	110	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
16/16/65 Adeno		trium	140		
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJU	JRY (e.g., in or aba	ut 21C. WHERE DIC	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, toctory,	sireet, office bldg	, INJURT OCCUR	r	
٠					
21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E. INJURY OCCU	RRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)	While At	Nat While			
(AFFRUA)	Work	At Work			
22. I certify that (I) (this hospital) atte	anded the deceased for	am Act	17	10/25- 1	an. 11 10 /7
22. I Certify that (1) (this hospital) are		0.0	4	1/	
that (1) (we) last saw the deceased ali	ve an foru	<u>l</u> (1	9.6 t and	that in (my) (aur) ap	inian death accurred an the da
and have and face of the second of the	- a an an all and a				
and haur and fram the causes stated a	Dave. (Ι) (πe) (did) (d	ia nat) view the	bady after deat	th.	
23A. SIGNATURE	000 . 0	0			238, DATE SIGNED
11 - 000 7	Tilla lalla	A.D. Attending	Med.	Stoff 7	1/11/17
ganole 11	everyend	Phys.	_ Director	Phys.	1/11/6/
23C. PHYSICIAN'S		23 D. AD	DRESS		/ 1
NAME (Type)		M.D. m	Tale - TY	1-1	7 607 Pronders
Dr. Harold T.	. Elberfeld	M.D. The	Johns Hop	okins Hospita	1 601 Broadway
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETE				City, town, for county) (State)
REMOVAL (Specify)	CAMUED	01-	0101 1	11.0-1	ard
NUKIAL 1-1461	MAKYEK	MEMIS	KIHLI	-AUKEL	1441
SA. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	250	FUNERAL DIRECT	TOR C	ADDRESS
1 3	0 6 4 -	no No	TSFBU A	WALLEH 11:	70 N. BRADINAV
JAN 1 3 1967 A	0 By S to 0	WHAT WE	1-80 F 11 C	AN10-111 1/2	1101WINDSURFIT
S 150-REV. 1/1/65	CICIO OF ACOU	7			1



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1-10-1967

UAKYLAND BALTIUGE 4610 CARLISLE AVE.

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FEMILE NEGRO WIDONED

JOSE R. STURICH

LUTHERRY HOSP of WAR YLAND

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1-8 67 67 0-10-2519 get love W. BALTO. 7

19-19-10-67 16-51.4730

F-2130 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

MLD	ICAL LA	MAIII ALICO C	ENTITICATE OF DEAT	I Registered No.
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR	PRONOUNCED DEAD
	Louise	Faust		1/9/67 8:10 p. M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	II A. STATE	B. COUNTY  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland	P S BILBAL A
INSTITUTION ADDRESS OF LOCA	(TION)			te limits, write RURAL and give township)
* * * 7 7			Baltimore	12-03
122			D. STREET ADDRESS (If rurol, give loc	
Hopkins			423 E. North	
5. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 9. A	GE (In years If Under 1 Yr. If Under 24 Hrs. birthdoy) Months, Doys, Hours, Min.
female colored	Wido		4-19-10	56
IOA. USUAL OCCUPATION (Give kind of work	10B. KIND OI	BUSINESS OR INDUSTRY	11. SIRTHPLACE State or foreign country	
done during most of working life, even if retired)  Domestic	house	ai fo	Rischetone Va	WHAT COUNTRY?
13. FATHER'S NAME	liouse	WIIC	Blackstone, Va.	U.S.A.
James Rice			Hender ?	
15. WAS DECEASED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no ar unknown) (If yes, give wor or dote	s of service)	SECURITY NO.	W. 775	1/00 = 0.000
		219-28-4991		1403 Ensor St. 21202
18.44 3 X 1		CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY			
LEADING TO DEATH		(A)	sclerotic and hyperte	nsive cardio-
(This does not meon the mode of heart foilure, asthenia, etc. It meons	the disease.	- DUE-TO- V	ascular disease	
injury or complication which coused	deoth./			
· ANTECEDENT CAUSES		(P)		
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST	NY, GIVING	DUE TO		***************************************
UNDERLYING CONDITION LAST.	IA III O I II E			
Z 0		(C)		***************************************
E STUFF SIGNIFICANT CONDITIONS	CONTRIBUTO	10		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI	LATED TO T			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERI		WINCH OPERATION	Table Alleghove W. Al. Joob Je.	
WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF Y	IFYING CAUSES OF DEATH?
	210	DI ACE OF INITION	no	
O UNDERLYING OR CONTRIB-	home	, form, foctory, street,	in or obout 21C. WHERE DID (If in Bolti office bldg., INJURY OCCUR?	more City, give exact location/
UTING CAUSE OF DEATH.	etc.)			
21D TIME (Month) (Doy) (Year OF INJURY	Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?
(APPROX.)	m V	VHILE AT NOT	WHILE	
22.				
I certify that I held on I	CONTRACTOR OF THE PARTY OF THE	Inspection X Aut	opsy ond that on this bosis	, deoth in my opinion
resulted from: Natural car	uses X	sccident Suicid		nined monner
6121	0 1	(),_	CHIEF MEDICAL EXAMINE	DATE SIGNED
SIGNATURE /	5h	7.5 M.D.	ASSISTANT MEDICAL EXAMINE	R X
EXAMINER'S		70	ASSOCIATE MEDICAL EXAMINE	
	U. Spit	z/, M.D.		
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23	C. NAME of CEMETERY	CREMATORY 23D. LOCATION	(City, town, or county) (Stote)
Burial 1-14-6	7 1	it. Calvary Co	emetery A.A. Co.	, Maryland
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
IAN 1 9 1007	00	070	Marshall W. Jones	, Jr. 1735 Harford Ave.
JAN 13 1967	Roleit	FE Xanteum	0 0 7 7 6	
VS 151-REV. 1/1/65		and a feet	. 0	4

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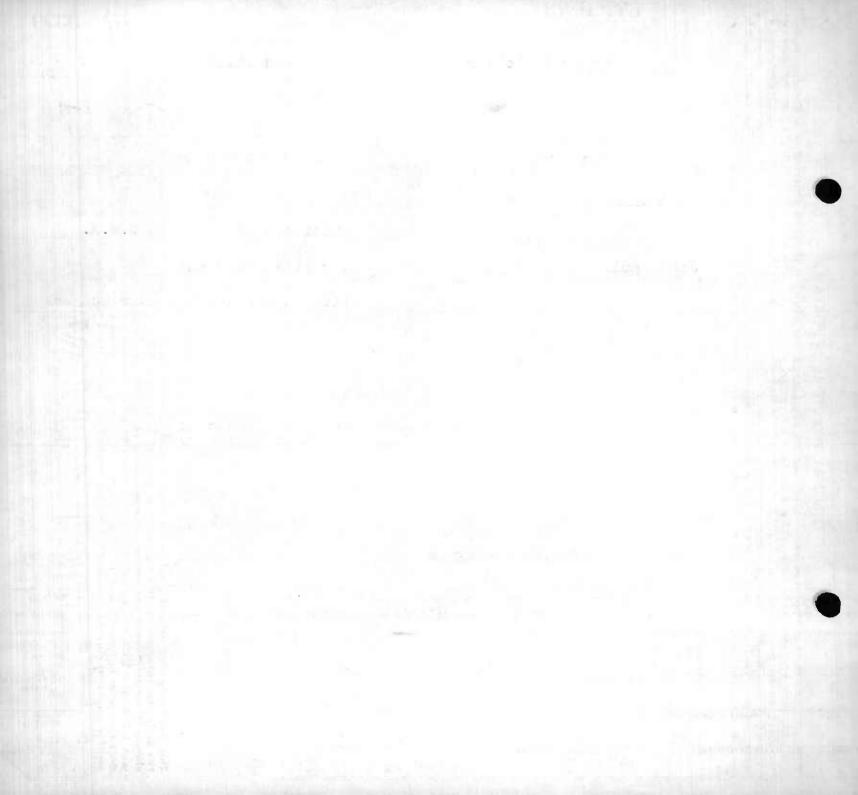
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MARCHINE CONTRACTOR NAMED IN LIGHTON

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FUNERAL DIRECTOR:



FUNERAL DIRECTOR:

		NT	h / / 11:1()/
380 c	ERTIFICATE OF DEA	TH Registered Na.	07 0380
.100-	2. D	ATE AND HOUR OF DEATH	9/0/
AN KOSERT	PORTER	11/67	11/8/
DRE, MARYLAND	4. USUAL RESIDENC	E/(Where decembed lived If inst	itution: residence before admiss
hospital or institution, give stree	MARYO	AND	
			RAL and give township)
SPITA	DACIA	10RE	7-0
31/1/12		(If rural, give location)	TROOT
		1-00-1-1	1 RCC1
		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
W	6/3/7	1 (0 )	
f retired)		or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
ReTIREL	VIRGIN	VIA	WSA
RIER	ANNIE	BRADLEY	
	AL 17. INEQRMANT		ADDRESS
25CI	DRITT NO.		
	CAUSE OF DEATH		INTERVAL BETWEEN
ION DIRECTLY			ONSET AND DEATH
	THOMAN (AM	rimona of	
	DUE TO	1 - 1 tha	dan
	Iceclo sign	nord & meta	7403
CAUSES	(B)	1/4/4	
NS, if any, giving	DOE 10 10 CONTROL C	ma brain	
	(C)		
last.			
TIONS CONTRIBITING			
OT RELATED TO THE			
98 CONDITION FOR WHICH O	PERATION 20A. AUTOPSY? (Ye	s or No) 20B. IF YES, WERE FIL	NDINGS CONSIDERED
VAS PERFORMED aden	O Ca Summed Ulk	IN CERTIFYING CAUS	SES OF DEATH?
LYING 218, PLACE	F INJURY (e.g. in or obout 21 C. WHERE	DID (If in Boltimore	City, give exact facation)
er) nome, form,	toctory, street, office blag., INJUNITOCT	LO Kr	
(Year) (Hour) 21E. INJURY	OCCURRED 21F. HOW D	DID INJURY OCCUR?	
While At	Not While		
Work	At Work	,10	
	1111711		111
nospital) attended the dece	sed fram 117-3 66	19to	166 19
nospital) attended the decea	11011	and that in(my) (aur) opini	/
deceased alive an	11011	and that in (my) (aur) opini	/
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deceased alive an	Aid) (did mat) view the bady after a	and that in(my) (aur) opinideath.	on death accurred an the
deceased alive an	did) (did nat) view the bady after a	and that in(my) (aur) opinideath.	on death accurred an the
deceased alive an	M.D. Attending Med. Directo	and that in(my) (aur) opinideath.	on death accurred an the
PRTL, FING	M.D. Attending Med. Directo  M.D. Attending Med. Directo  M.D. WWW.	and that in(my) (aur) opinideath.  Staff Phys. D	on death accurred an the
PRTL, FING	M.D. Attending Med. Directo  M.D. Attending Med. Directo  M.D. WW.V.	and that in(my) (aur) opinideath.  Staff Phys. 2  24D. LOCATION (City,	238, DATE SIGNED
DATE 24C. NAME of CAL	M.D. Attending Med. Directo  M.D. C. N.V.  Attending Med. Directo  A.D. C. N.V.  EMETERY or CREMATORY  LVARY Cemetry	and that in (my) (aur) opinideath.  Stoff Phys. D  24D. LOCATION (City.)  A A County M	an death accurred an the
PRTL, FING	M.D. Attending Med. Directo  M.D. Attending Med. Directo  M.D. WWW. Directo  M.D. WWW.  EMETERY of CREMATORY  EVARY CEMETRY  25C. FUNERAL DI	and that in (my) (aur) opinideath.  Stoff Phys. D  24D. LOCATION (City.)  A A County M	238, DATE SIGNED
	7. MARRIED, NEVER A WIDOWED, DIVOR, MIDOWED, MIDOW	DRE, MARYLAND  A. USUAL RESIDENCE A. STATE B.  A. D. STREET ADDRESS  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Mod of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State fredired)  RETRED  14. MOTHER'S MAID  AND E  TO doles of service)  16. SOCIAL SECURITY NO.  17. INEGRMANT  CAUSE OF DEATH  10. DIRECTLY DEATH made of dying, e.g., I means the disease, coused death,)  CAUSES  (B) DUE TO DUE TO DUE TO  10. AUTOPSY? (Ye NOW)  (C)  11. USING IT.  12. BRIED TO THE USING IT.  12. BRIED TO THE  13. CAUSE OF DEATH  (A) DUE TO DU	DRE MARYLAND  A. USUAL RESIDENCE/LYMON decoded lived. If inst A. STATE  B. COUNTY  B. DATE OF BIRTH  B. COUNTY  B. STREET ADDRESS  (If rurol, give location)  C. STREET ADDRESS  (If rurol, give location)  C. STREET ADDRESS  (If rurol, give location)  B. DATE OF BIRTH  B. COUNTY  B. STREET ADDRESS  (If rurol, give location)  B. DATE OF BIRTH  B. COUNTY  B. STREET ADDRESS  (If rurol, give location)  B. DATE OF BIRTH  B. COUNTY  B. STREET ADDRESS  (If rurol, give location)  B. DATE OF BIRTH  B. COUNTY  B. STREET ADDRESS  (If rurol, give location)  B. DATE OF BIRTH  B. COUNTY  B. STREET ADDRESS  (If rurol, give location)  B. ACT  B. COUNTY  B. ACT  B. COUNTY  B. ACT  B. COUNTY  B. ACT  B. COUNTY  B. CONTRIBUTING  DUE TO DUE TO DUE  C. STREATED TO THE  B. COUNTY  B. CONTRIBUTING  DUE TO DUE  C. STREATED TO THE  B. COUNTY  B. CONDITION FOR WHICH OPERATION  VAS PERFORMED  C. CONTRIBUTING  D. STREET ADDRESS  (If rurol, give location)  C. STREATED TO THE  B. COUNTY  B. CONDITION FOR WHICH OPERATION  VAS PERFORMED  C. CONTRIBUTING  D. STREET ADDRESS  (If rurol, give location)  C. STREATED TO THE  USING IT.  P. ACE OF INJURY (e.g. of no about 21 Co. WHERE DID  Nome, lorm, foctory, street, office bldg., INJURY OCCUR?  C. CONDITION 21E INJURY OCCURRED  21F. HOW DID INJURY OCCUR?

The gate of the first than the state of the

	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD				
	GILDA ROBINSON	January 8, 1967 4:30 A <sub>M</sub>				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN (If outside corporate limits, write RUM) and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)  2407 Lakeview Avenue				
	00 2407 Lakeview Avenue					
	Female Colored 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	8. DATE OF BIRTH 9. AGE (In years lost birthday) 11/26/46 9. AGE (In years Months, Days Hours, Min.				
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired)	Maryland What Country?				
	Herbert Rogers	14. MOTHER'S MAIDEN NAME Claudine				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)  NO  16. SOCIAL SECURITY NO.	Mr Herbert Rogers 1805 N Broadway				
	DISEASE OR CONDITION DIRECTLY	OSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  ON OF Chest				
	ANTECEDENT: CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	yes  g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) NJURY OCCUR?  2407 Lakeview Avenue				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e., home, form, foctory, street, etc.) HOME  21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)  1 8 167 4:22A  WHILE AT WORK  AT  22.  I certify that I held an Inquiry Inspection	yes g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) g. office bldg, INJURY OCCUR? 2407 Lakeview Avenue  D 21F. How DID INJURY OCCUR?  Was shot in chest				

Betaferall

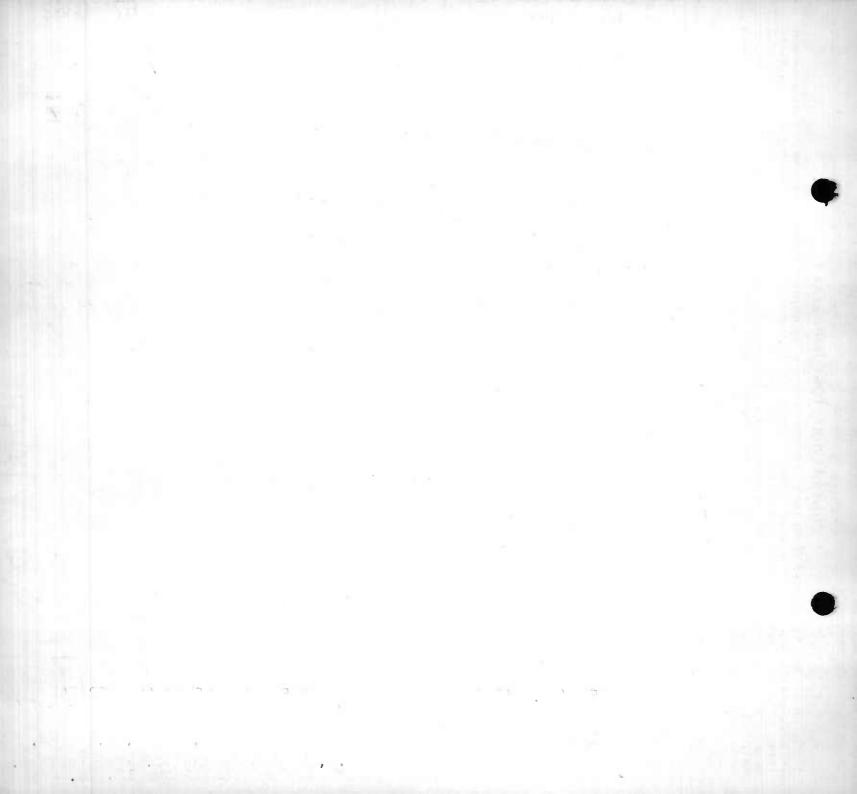
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Mr. Merket Curs 1805 N Broadway

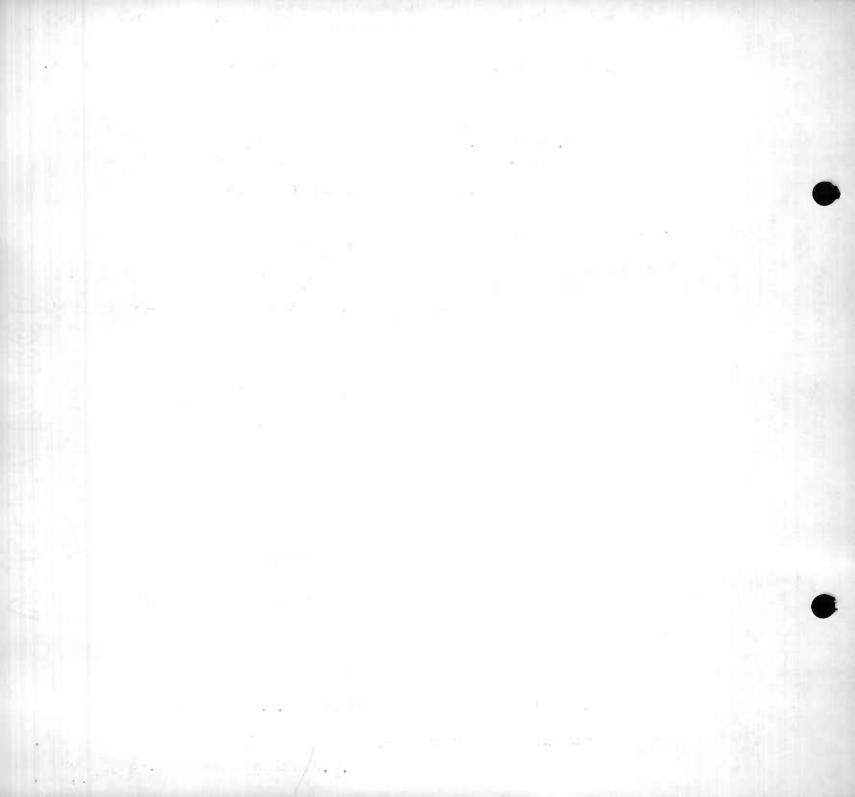
1/15/67 it imburn Cemetry

DIRECTOR:

VS 150-REV. 1/1/65



BIRTH NO.	6/ 03	00	CERTIFICA	TE OF DEATH	Registered No	. 67 038	3
M.E. CASE NO.  1. NAME OF DE  (Type or Print)	CEASED				ND HOUR OF DEAT	Н	
	MARY VIRGINI	A ALBERT			12,1967	2:25 &	l.
PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before a	dmissio	
FULL NAME OF HOSPITAL OR INSTITUTION  INSTITUTION  Jenkins Memorial Hospital			C. CIMERY and (If outside city limits, write RURAL and give township)  Baltimore 21201			,	
91	1000 S. C Baltimore	aton Ave.		D. STREET ADDRESS (If	rurol, give locotion)	ral & Calvert	
5. SEX	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed		8. DATE OF BIRTH 9. AGE (In years of Months Doys Hours Doys Hours)				
	UPATION (Give kind of world f working life, even if retired)	108, KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?	
Artis	st	Needlewo	ork & Art	Baltimore		USA	
3. FATHER'S NA		2100000	11 00 312 0	14. MOTHER'S MAIDEN NA	ME		
Irvi	in Albert			Charlotte R.	Raborg		
5. Was Decease Yes, no ar unknow	ed Ever in U. S. Armed For	ces? 1 (	SECURITY NO.	17. INFORMANT		ADDRESS	
No			216-46-3637	M. Kohler-Medi	cal Record	s -Jenkins Mem	רי
18. 45	0.0			F DEATH		INTERVAL BETW	EEN
DISEA	ASE OR CONDITION DI	RECTLY	11	1	1.	ONSET AND DE	AIH
	LEADING TO DEATH		(A) Alle	a sollredic	lesous	gears	
	not mean the mode of , asthenio, etc. It means		BUE TO			1	
injury or co	mplication which caused	death.)	1.1.	· 10	10 . A. 1	0	
l	ANTECEDENT CAUSES		BULLER	while to the	ferra	**************************************	
DISEASES	OR CONDITIONS, if	ony giving	DUELIO	20			
	he above cause (A)		(C)	ed sores	2		
UNDERLYIN	IG CONDITION last.						
E TO THE	II  NIFICANT CONDITIONS C  DEATH BUT NOT RELA	ATED TO THE					3
	of OPERATION TO 198. CON WAS PER	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No	O) 20 B. IF YES, WER	E FINDINGS CONSIDERED :AUSES OF DEATH?	
U 21 A. ACCID	ENT WAS UNDERLYING	21 R. PI	ACE OF INTURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)	
OR CONTRIE	BUTING CAUSE OF  fy medical examiner)	home,	form, foctory, street, o	ffice bldg., INJURY OCCUR?	tit in politin	ore City, give exact location/	
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E. IN	IJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?		
S OF INJURY		While					
		Work	At Work				-
	y that (1) (this hospital	_			19 66 to		67
that (I) (we	) lost sow the decease	ed alive on	1-10	19 6 / ond th	nat in (my) (our) a	plnion death occurred on	the d
and hour or	nd from the couses sto	ted above. (1) (	We) (did) (did nat)	view the body after death.			
23A. SIGNAT		1				23B, DATE SIGNED	
.111	hund Va	Markey	M.D. Att	ending, Med.	Stoff	1-12-6	7
23 C. PHYSICI	and for	voca jou	Phy	7	Phys.	1 1 1 4	
NAME	(Type)	10		23D. ADDRESS			
/ N	Manuel J. Rodr	iguez	M.D.	Linden & S.W.E	oulevard-A	rbutus	
24A. BURIAL CR REMOVAL	EMATION, 24B, DATE		E of CEMETERY of CR			(City, town, or county)	(Stote)
Burial	1-14-	67 Nev	Cathedra		ltimore	M	Id.
25A. DATE REC'	D BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	. D.
	JAN 1 3 1967	R.C. L. E	tarley Mi	H.W. Jenkins	& Sons	Co. 4905 York	Id.

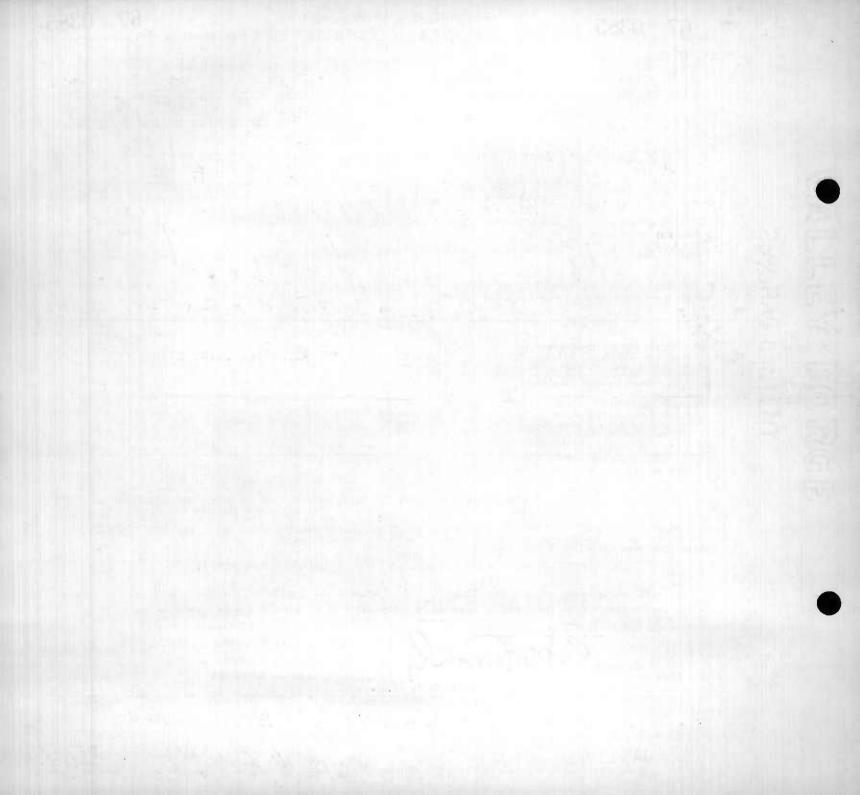


FUNERAL DIRECTOR:



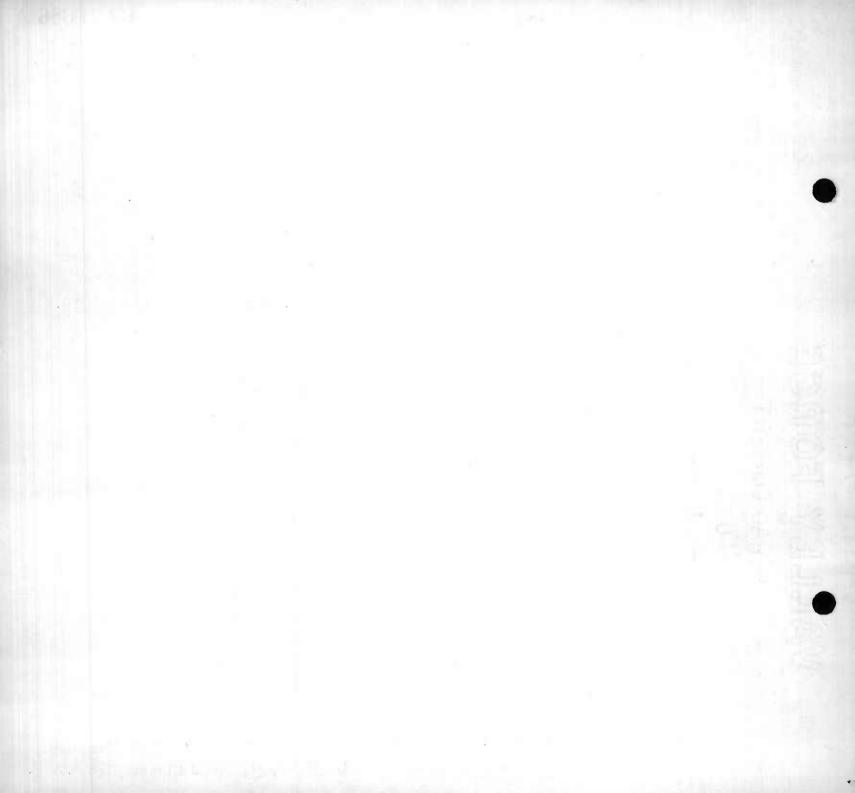
0385

M.E. CASE NO.							
Type or Print)	CEASED				2. DATE AND	D HOUR PRONOUNCED	DEAD
	AMES		WATSON		Janua	ary 11, 1967	11:15 A N
B. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	JNCED DEAD	4. USUAL RESID	EN CE (Where	deceosed lived. If institution B. COUN	tion: residence before admissio
FULL NAME OF	(IF NOT IN HOSPI	TAL OF INSTITU	JTION, GIVE STREET	Mar	yland		
HOSPITAL OR	ADDRESS OR LOC	ATION)	JIION, GIVE SIKEEI	C. CITY OR TO	WN (If outside	corporate limits, write R	URAL ond give township)
				Ba1	timore		3-14
001	.615 Ashland	Avenue		D. STREET ADD		give location)	7
00				400	E. 22nd	d Street	
S. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT	Н		If Under 1 Yr. If Under 24 H
Male	Colored		DIVORCED (specify)	11/2/19	299	lost birthdoyl	Months Doys Hours Min.
		MAR	F BUSINESS OR INDUSTR	VIII PIRTURI ACE	(State of facility		10 CITIEN OF
	working life, even if retired		BOSINESS OK INDOSIK	BIRTHPLACE	(3) or	i country)	12. CITIZEN OF WHAT COUNTRY?
James	Operator			// .	<u></u>		
3. FATHER'S NA	ME /			14. MOTHER'S M			
				MAK	Y	VA150N	
	ED EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT	1		ADDRESS
61	n) (If yes, give wor or do	tes of service)	SECURITY NO.	PHARI	THE	lester 30	647 Geraton
100			244 09 321	Cilian	1		
18.	122 11		CAUSE	OF DEATH			ONSET AND DEATH
DISEA	ASE OR CONDITION I	DIRECTLY					
	LEADING TO DEAT	Ή		sclerotic	Cardio	vascular Dise	ase
heort foilure	not mean the mode	is the disease.	DUE TO				
injury or co	emplication which coused	deom.)					
	ANTECEDENT CAUS	ES					
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO				
UNDERLY	HE ABOVE CAUSE (A)	STATING THE					
			(C)				***************************************
OTHER SIG	ll II						
OTHER SIC	ONIFICANT CONDITION DEATH BUT NOT R	S CONTRIBUTION	NG				
	R CONDITION CAUSIN			******		***************************************	
MA CONTRACTOR	F OPERATION 198, CO		WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIND	
0	WASPE	RFORMED		No		IN CERTIFYING CAUSES	OF DEATH?
₹ 21 A. EXTERN	AL CAUSE WAS	21B,	PLACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID	If in Boltimore City, give	exoct location)
UTING CA	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJUR	OCCUR?		
4							
OF INJURY	(Month) (Doy) (Ye		TE. INJURY OCCURRED		DENI DED MO	RY OCCUR?	
(APPROX.)		m.	WHILE AT NOT	ORK			
22.	N.C. al. a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				1.1		
l ce	rtify that I held an	Inquiry	Inspection X Au	topsy an	d that an thi	s bosis, deoth in my	opinion
resu	Ited from: Notaral c	uses X	Accident Suicid	le Homici	de U	Indetermined monner	
	1001	Va 10	- //	CHIEF M	EDICAL EX	AMINER	DATE CICNED
ACTUA		14/1/1/	sux un	ASSISTANT M	EDICAL EX	AMINER X	DATE SIGNED
SIGNAT	*	Collina	M.D	ASSOCIATE M		and the same of th	
NAME		iger Bre	itenecker, M.	D.	EDICAL EX	AMITTER _	1/11/67
23A, BURIAL CR	EMATION, 238 DATE	/ 23	C. NAME OF CEMETERY	CREMATORY	23 D. LC	CATION (City, to	own, or county) (Stote)
REMOVAL (Speci	1 1/12/	167 8	Day und 1	1 RADTIC	T. 111	El Jal M	. C.
remo	The state of the s	1010	PLINATIE	0114110	100	L 6-61011 1 11	
	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	0111	ADDRESS
	JAN 13 1967	Of Cest	E Farluna	De sal	. de	Corts \$ 12	ndh. 12-1-11
VS 151-REV, 1/1				1107	1	117	CTIC LEMANT
A 2 131-KFA" 1/1	/03			(/ - /			

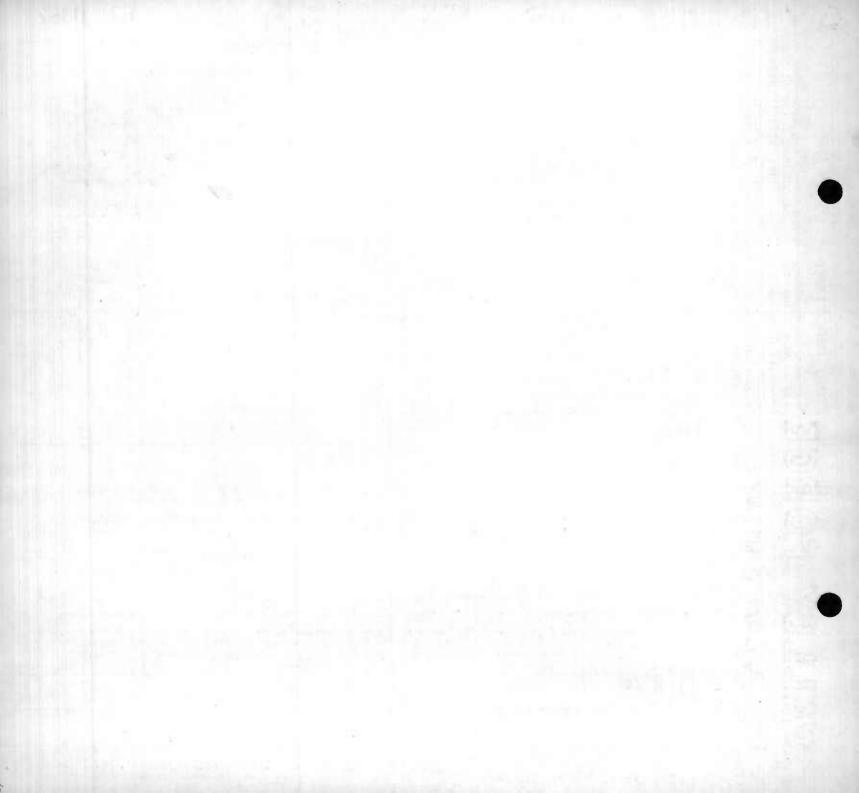


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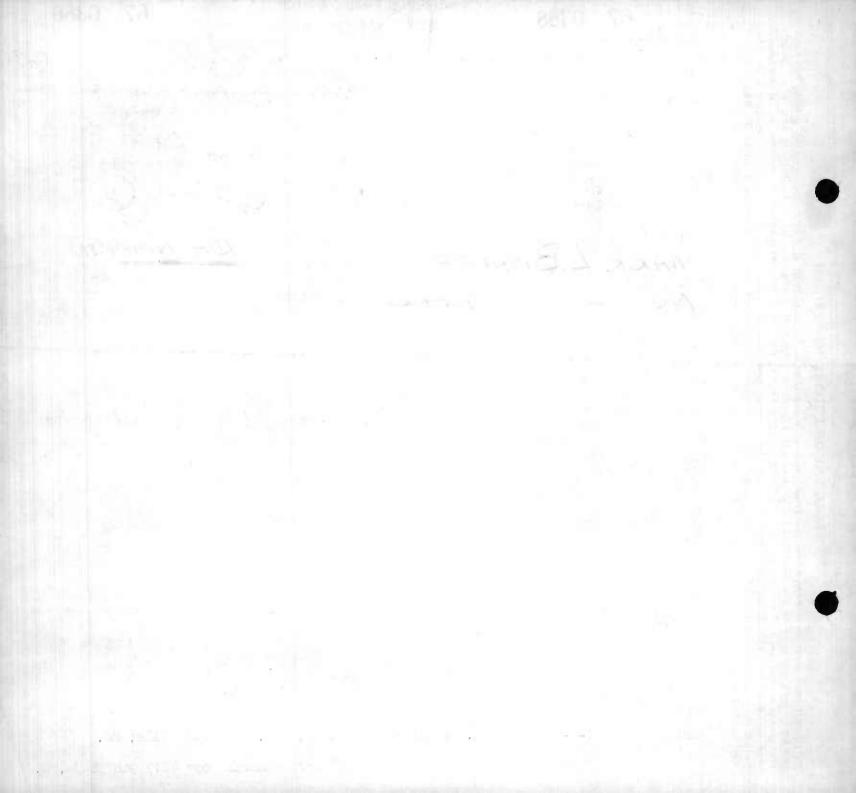
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FUNERAL DIRECTOR:



VS 150-REV. 1/1/65



VS 150-REV, 1/1/65

If Under 1 Yr. Months: Days If Under 24 Hrs. Hours

> WHAT COUNTRY? U.S.A

> > ADDRESS

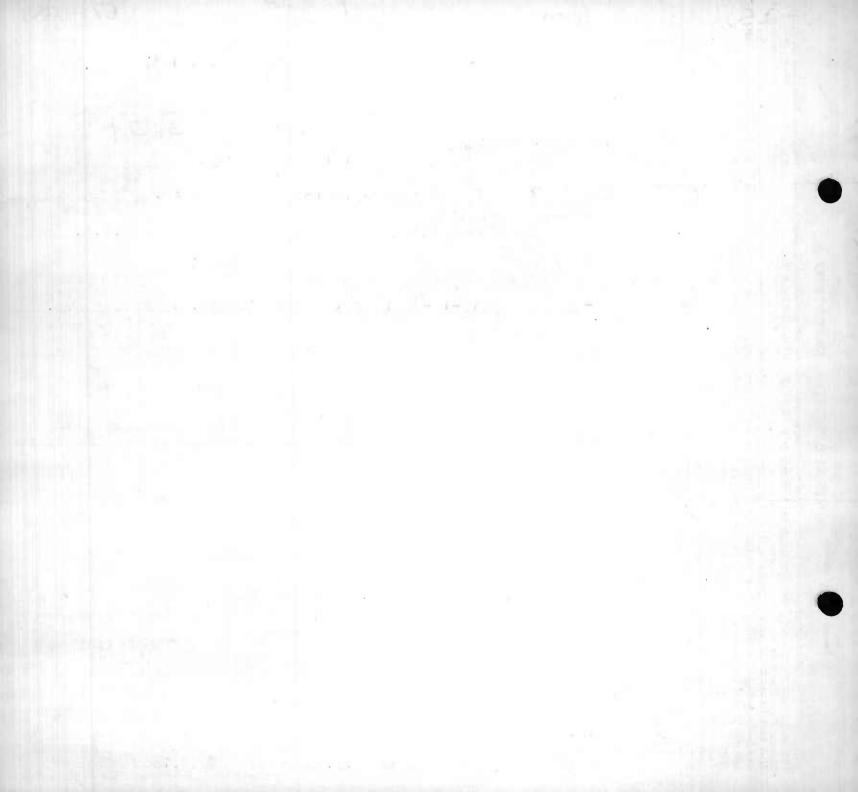
INTERVAL BETWEEN ONSET AND DEATH

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

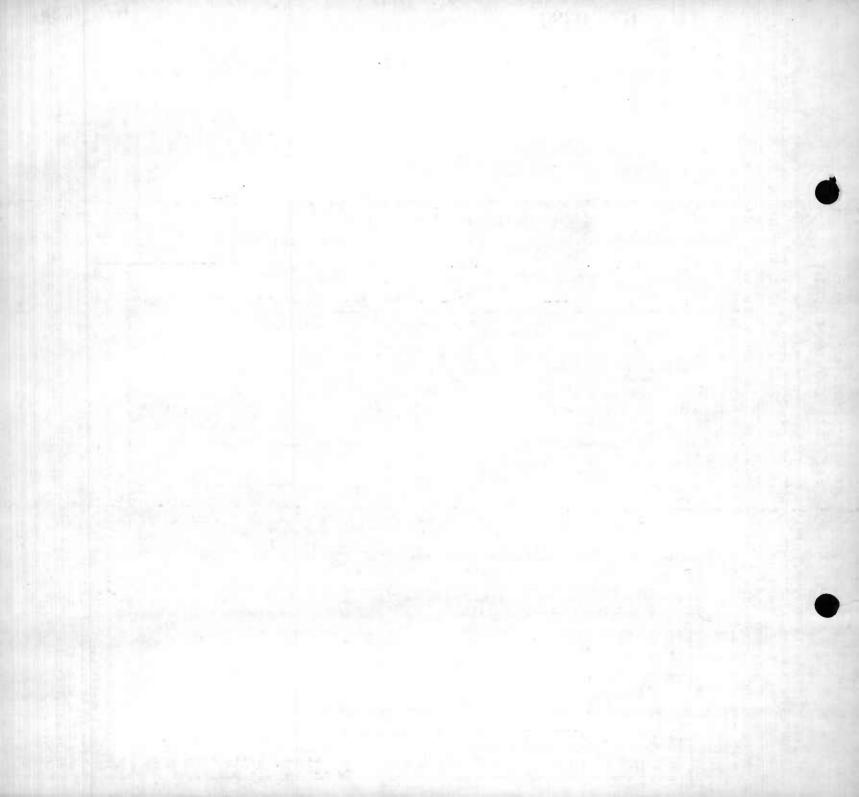
...ond that In(my) (aur) apinion deoth accurred on the date

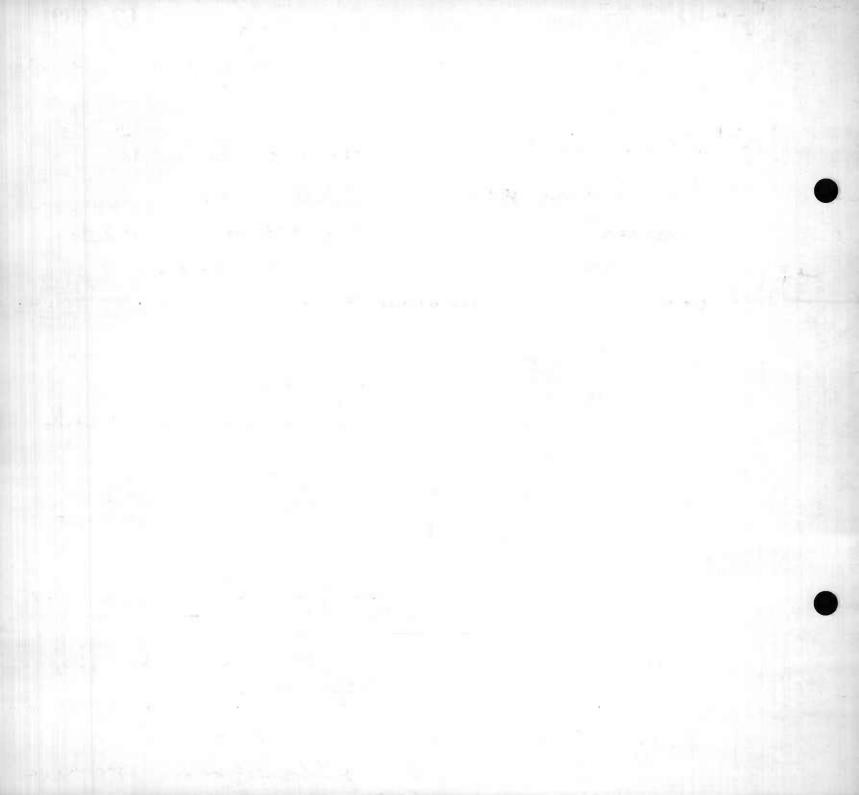
Maryland

& SONS, 1808 EASTERN AVE



FUNERAL DIRECTOR:



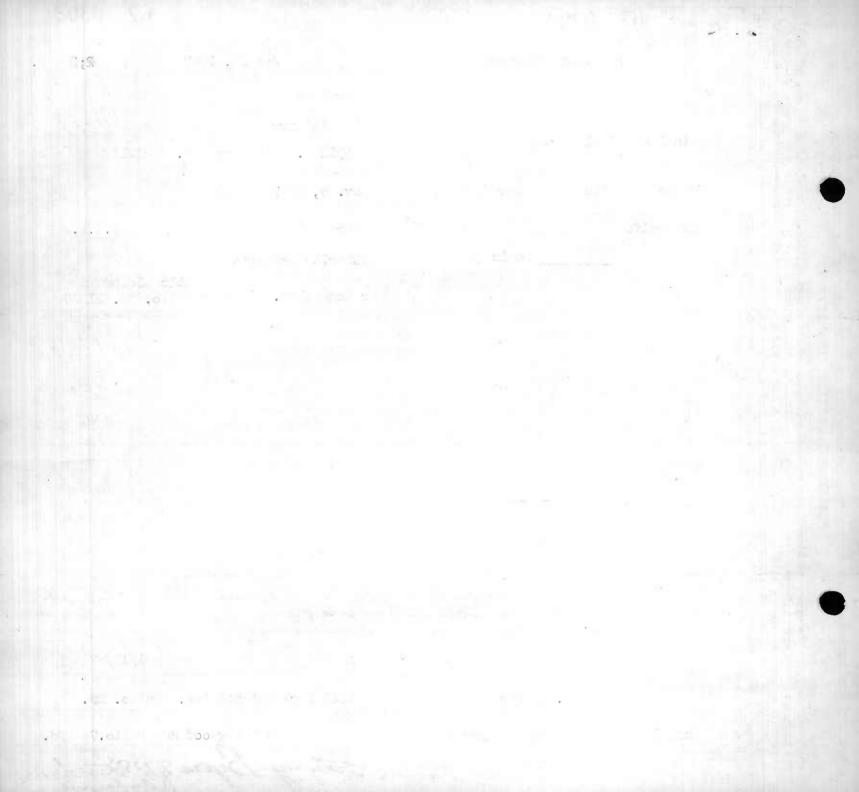


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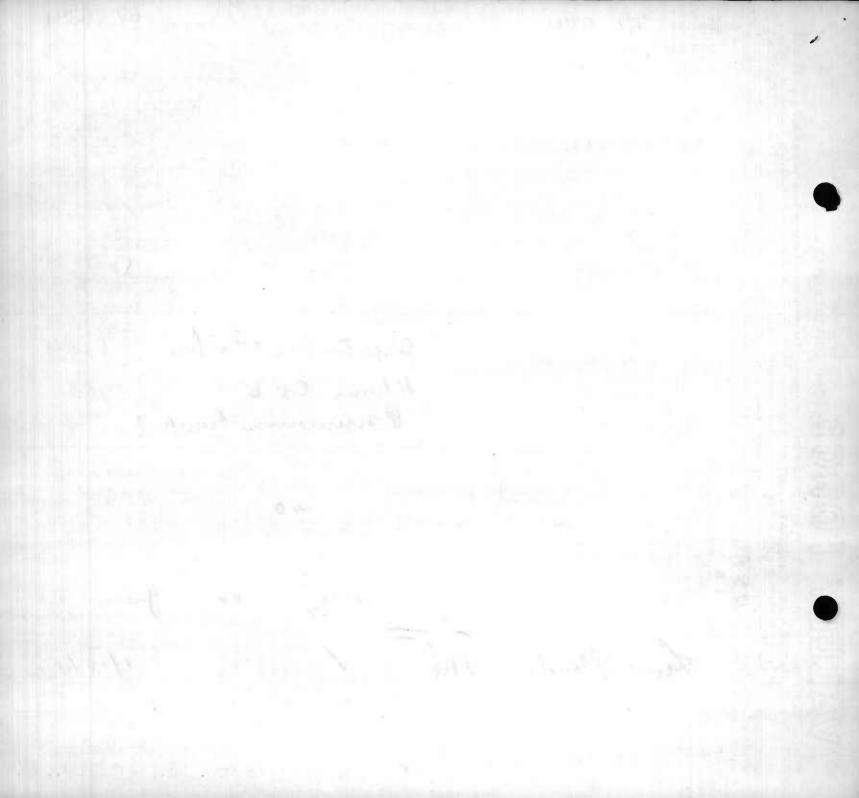
DIRECTOR:

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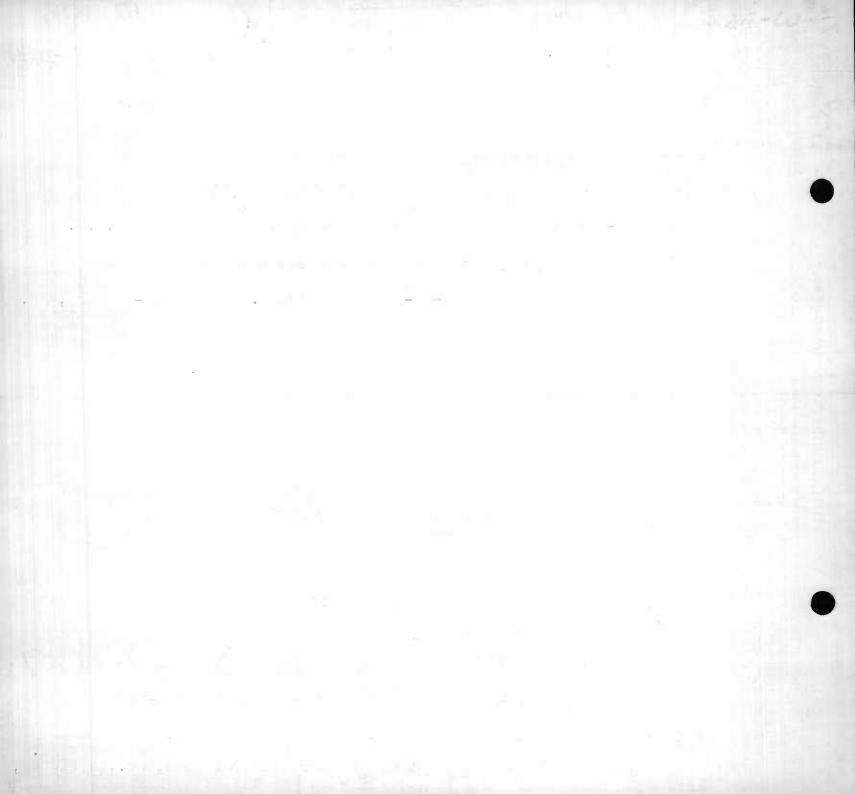
	BALTIMORE CITY	HEALTH DEPARTMENT		67 0204
PRTH NO. 67 0394	CERTIFICA	TE OF DEATH	Registered No	. 07 0034
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print) EVA WEINST	EIN		AND HOUR OF DEAT	1 /0°P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN			here deceased lived. II	institution; residence befare admission)
FULL NAME OF (If not in hospital ar institution)	lution, give street	Maruland		
INSTITUTION			autside city limits, write	RURAL and give tawnship)
ABelvedere Nursing Home		D. STREET ADDRESS	If rural, give location)	0/-/3
		2208 Arden	Road #9	
WI	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KI		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	At Home	Puttin		
3. FATHERS NAME	A. nome	14. MOTHER'S MAIDEN N	AME	USA
Abraham Aleskowitz		Mary ?		
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no ar unknown)(II yes, give war ar dates al se				
NO 18. ## / /	CAUSE OF	Mr. Jacob W	einstein, 22	08 Arden Road #9
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	10 1	ONSET AND DEATH
LEADING TO DEATH	Cera	es True lhe est	to Tarlyco	6 who
(This does not meen the mode of dying,		VV / / / V V V	7	3
heart failure, asthenia, etc. II means the di injury or camplication which coused death.		C . /	Δ	
ANTECEDENT CAUSES	(B) DUE TO	una CV	72	years
DISEASES OR CONDITIONS, if any,			6	
rise to the above cause (A) stating	the (C)	nunn	a-roud	upl
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., in hame, farm, lactory, street, af etc.)	or about 21C, WHERE DID fice bldg., INJURY OCCUR?	(II in Baltimo	are City, give exact lacation)
21D. TIME (Manth) (Day) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
₩ OF INJURY	While At Not While			
	Wark At Wark			A
22. I certify that (I) (this haspital) atter	1 / 1 3		19 6 6 ta	19.67
that (1) (we) last saw the deceased aliv				olhian death accurred an the date
and haur and fram the causes stated abo	ve. (I) (We) (did) (did not) v	iew the bady after death	•	
23A. SIGNATURE	00.1	/	6. 11	23 B. DATE SIGNED
Jams Wovelin	M.D. Atte	mding Med. Director	Stalf Phys.	1/10/67
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		
Dr. Louis Goodman	M.D.	225 Medical	Anta Buildi	no
	24C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, tawn, ar caunty) (State)
2	Dath TP		Mana Manana	January and Care de
Burial 1/12/67 25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	or Haven, (	ONNECTACUT
JAN 1 8 1967 12 0	E FORMA	CA Print Bo	G BHOL TIME	6010 Reist. Rd.
/5 150 BEV 1/1/45	the state of the s	: Dear Lewichson	wa brus. IVIC	o dulu recor. Ru.



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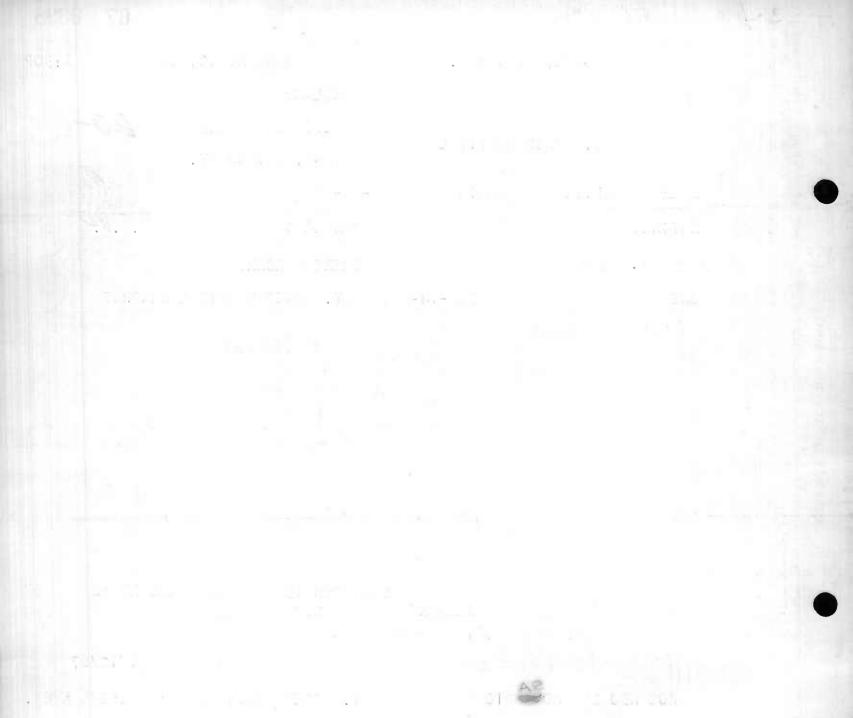
67 0397	BALTIMORE CITY	HEALTH DEPARTMENT	W.	67 6397
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	0/ 000/
M.E. CASE NO. 1. NAME OF DECEASED		DATE AN	ID HOUR OF DEATH	
T D = -1	under			19/21 0.25
PLACE OF DEATH IN BALTIMORE MARYLAN	In .			1967 9: 34 stitution: residence before odnissio
		A. STATE B. COUN	TY TY	O A & A
FULL NAME OF (If not in hospital or inst	itution, give street	maylond		Bullo Co.
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	tside city limits, write R	URAL and give township)
church Home	+ Hanton	dollenon	-	53-00
Entitle 141.50	· · · · · · · · · · · · · · · · · · ·		tutol, give location)	
35		Surry Hal	e, Box &	249 21128
• SEX   6. RACE   7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
F w	DOWED, DIVORCED (specify)	3-22-1870	lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	II C.	nengland		US
3. FATHER'S NAME	Housewife	14. MOTHER'S MAIDEN NA	A P	
		1		
nichael kin	lin	suchnotos		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (II yes, give wor or dotes of s		michae	e Gerri	Today 1
No	212-26-7036		Caropi	
18. 4 20, 11	CAUSE C	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Men	2 1	0., +	
LEADING TO DEATH	(A) -	grandial	differe	m 12 ms.
(This does not mean the made al dying heart failure, osthenio, etc. It means the d	, e.g., DUE TO (		V	/
injury at camplication which caused death	1 1.1	erivacleratic	11 +5	7. Lucis
ANTECEDENT CAUSES	DUE TO	mire and me	reene r	if it
DISEASES OR CONDITIONS, if any,				V
rise to the obove couse (A) stolin				
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTR				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IO INE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	4		IN CERTIFYING CAL	SES OF DEATH!
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF  DEATH (notily medical examiner)	home, form, foctory, street, o	three bldg., INJURY OCCUR?		
O I				
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work At Work			
22 1 - 45 4 - 412 (12 1 2 2 2 2			1967 to	Ju 10 19 6
22. I certify that (I) (this hospital) atte	12-11	6 t_		
that (I) (we) last saw the deceased ali-	ve an 90 n 10	19 0 F and the	at in (my) ( <u>our)</u> opin	ian death accurred an the o
and haur and from the causes stated ab	pave. (I) (We) (did) (did not)	lew the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
Ch Lucial		ending Med.	Stoff 7	1-10-67
220 BHYSIGIANTS	Phy		Phys.	7
23C.PHYSICIAN'S NAME (Type)	QUINDET	23D. ADDRESS	0 11	611-
MENITA	DUAKE MIS	Church	Home	- Alexin
44. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. Le	OCATION (Cit	y, town, or county) (State
REMOVAL (Specily)				
durial 1-14-1967	St. Joseph's Ce	metery Bal	timore Co	Md.
101100	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 2
JAN 16 1967 17.6	A STOLEN AND A STO		16 () E	L AD NOTE
	JOHN CA MENDION	ON MARCHANIA	THE YOUR LANDY	THAILENIA - TH

remark to the second Jung Hell Too Oll nd ab . 062/- 52-5 maybear from the Housemake and warm ourdail kinder Murdent out some Myrackiel Separtin alternacheste Hent Du Ahrney NEW TO PROPERTY athend hove i'very Lower and I was I want out of

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

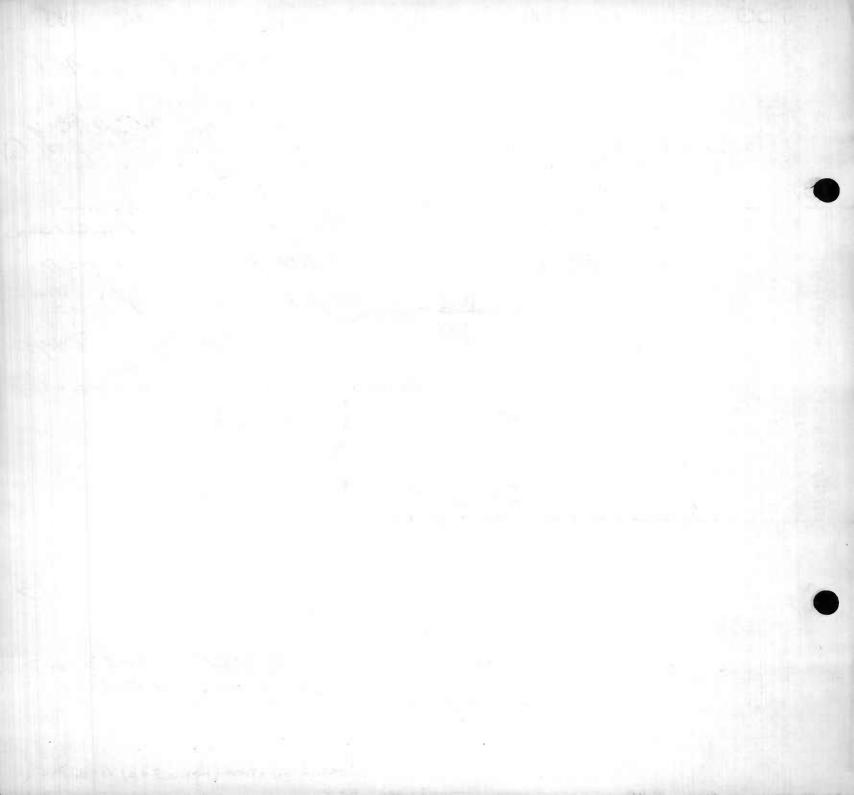
ond that in (pr) (aur) opinion death occurred on the date Howard H. Hubbard, 4107 Wilkens Ave. 21229



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VS 150-REV. 1/1/65

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CHICEN HENE AND HOSPITAL

M. W. MARRIED 8-31-'90 76

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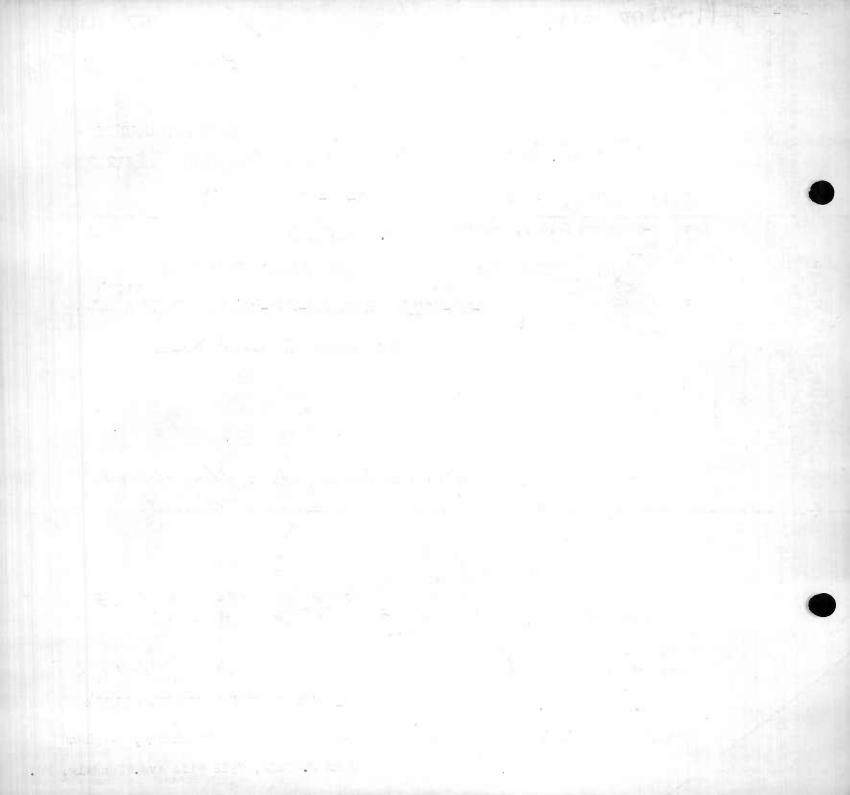
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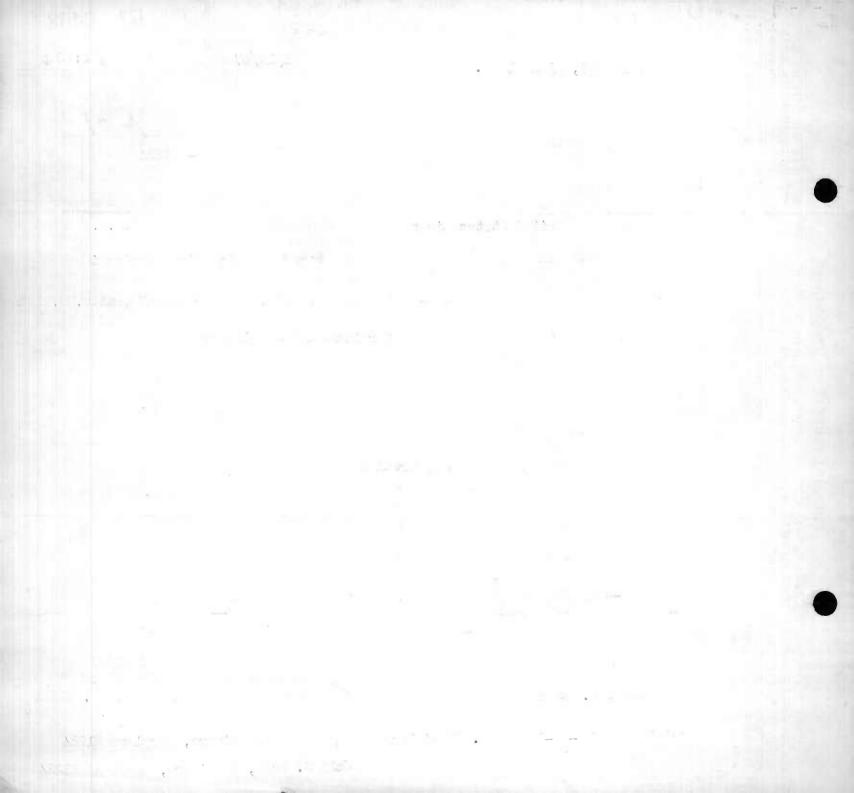
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VS 150-REV. 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 67 0403	CERTIFICA	TE OF DEATH	Registered Na.	67 0403
1, N	AME OF DECEASED	Bands		ND HOUR OF DEATH	7 1 7:20 Am
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	, ,J -inol J	4. USUAL RESIDENCE (Wh	ere deceased lived. If inst	itution; residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) NSTITUTION	ion, give sheet	Mary land C. CITY OR TOWN (11)	outside city limits, write RU	Balk C.
10	7.,		Baltinone		53-00
0	Maryland General /	lospital		f rural, give location)	1
			8118 Old	Hurford Ro	
5. 5		RIED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	Male White	WED, DIVORCED (specify)	7-16-85	lost birthdoy)	Notinis Doys Hours Nills
	. USUAL OCCUPATION (Give kind of work 108, KIN)		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
	e during most of working life, even if retired)  etired, Mechanic U.	S. Steel Co.	Penna.		WHAT COUNTRY?
	FATHER'S NAME	D. DOGET OO.	14. MOTHER'S MAIDEN NA	AME	011 3. 17
	7. Henry Bands		7		1.2:
16		117 40 014	17 111001111	Avarana Will	
(Yes	Was Decaused Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dotes of servi	16. SOCIAL SECURITY NO. 215-03-7932	John Bond	s 2 Aver	y CT. Bulto. #6
	18. 2 0 0 XI	CAUSE OF			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1		ONSET AND DEATH
	LEADING TO DEATH	(A)	Cute Trach	eo Kronchete	2
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		Cute trach	lower lobe	
	injury or complication which coused death.)		a	eleitusis	
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi	ving			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)	**************************************		************************************
	14		4		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		when on left al alcuation		
IFIC.		OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
ERTIFI	21A ACCIDENT WAS INDERLYING	218 81 4 66 06 111111111	ives	11/ · B t.:	
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
2	(APPROX)	While At Work	•		
	22 1 - 25 1 - 27 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10/7 -	- 101 / 2
	22. I certify that (I) (this hospital) attend	The state of the s		19 67 to JA	
	that (I) (we) lost saw the deceased alive				on death accurred an the date
	and have and from the causes stated abov	e. (1) (We) (did) (did not) v	iew the bady after death.	• = = = = = = = = = = = = = = = = = = =	
	23A. SIGNATURE	11 ///			238. DATE SIGNED
	W Michael	M.D. Alle	nding Med. Director	Stoff Phys.	1/14/67
	23C. PHYSICIAN'S	1-0	3D. ADDRESS		1
	NAME (Type) W. Michael	Gould M.D.	Md. Genera	7 Homital	
24A		C. NAME of CEMETERY or CRE			, lown, or county) (State)
	REMOVAL (Specify)				
	Burial Jan-18-1967	Sacred Heart of			Dundalk, Maryland
25A	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	John 1 T Duda		ADDRESS
	JAN 1 6 1967 (1) Park	- E. Farbina	Sprittla . Ingge	, Dundalk, Ma	ryland 21222
VS	150-REV. 1/1/65				

Baltman Maryland General Hospital 8115 Old Hoster / Rd W widowed 1-11-68 Atles, Salates T. H. Mara Pr. Penna 215-03-7932 Toka Buch 2 Avery CT BATTOL #1 Too IN ST 67 Jan 14 19

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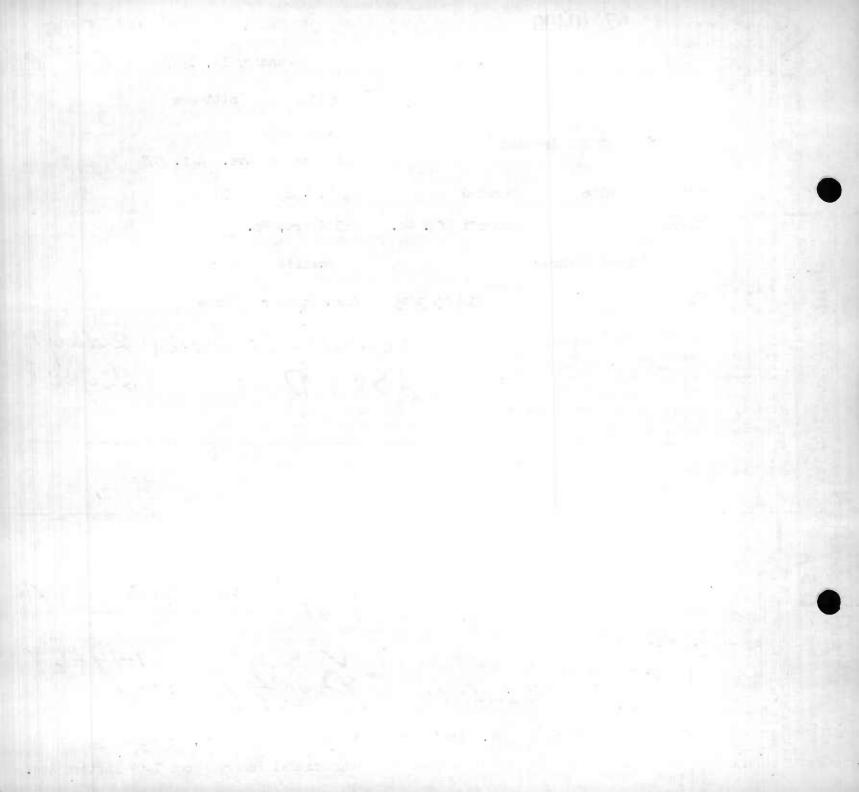
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VS 150-REV. 1/1/65

huzdzinski Funeral

Home 1407 Eastern Ave.



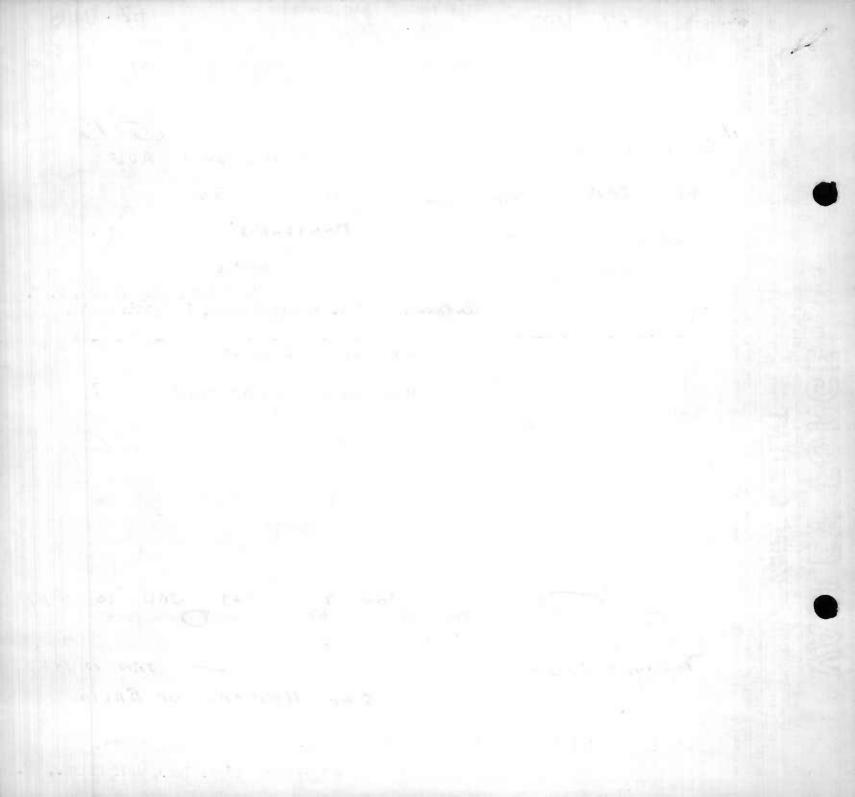
2. PATE AND HOUR OF DEATH city limits, write RURAL If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. 12. CITIZEN OF ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH (If in Boltimore City, give exact location) and that in (my) (our) opinion death accurred on the date 238 DATE SIGNED deceased prior to written approval shows: MOS VS 150-REV. 1/1/65

Occute Celevary Harman Indian Cothersolucine Cardio - - King CAR A PARTICIENT 15 15 Jenne February Se Journe 14 1 Cont Rudase CECIL KNOWER HID GERINGER STENSION NOT

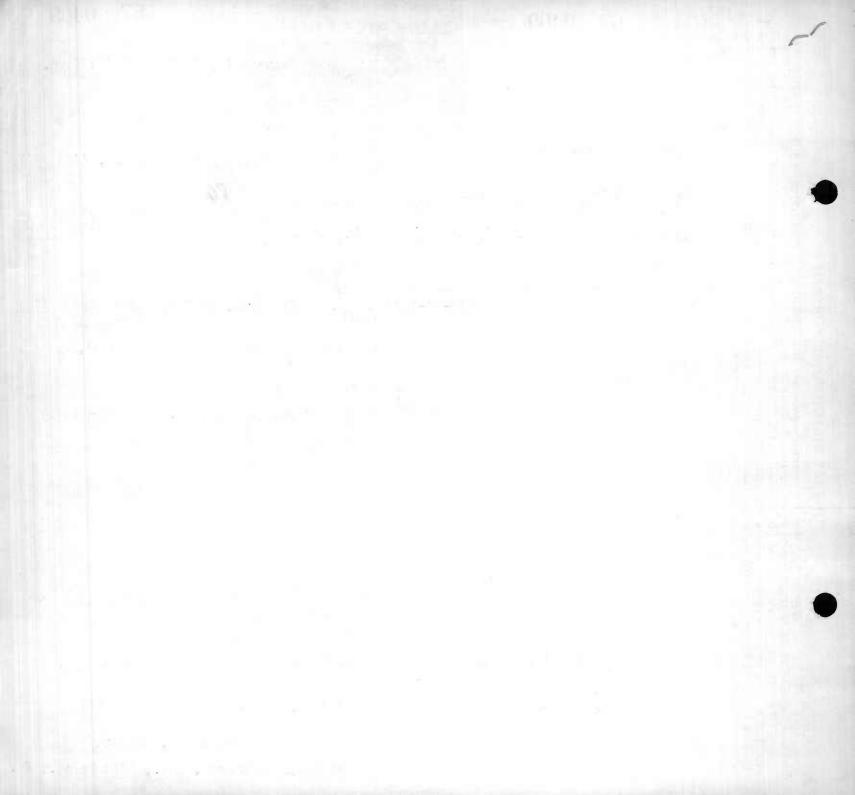
IMPORTANT

DIRECTOR:

FUNERAL



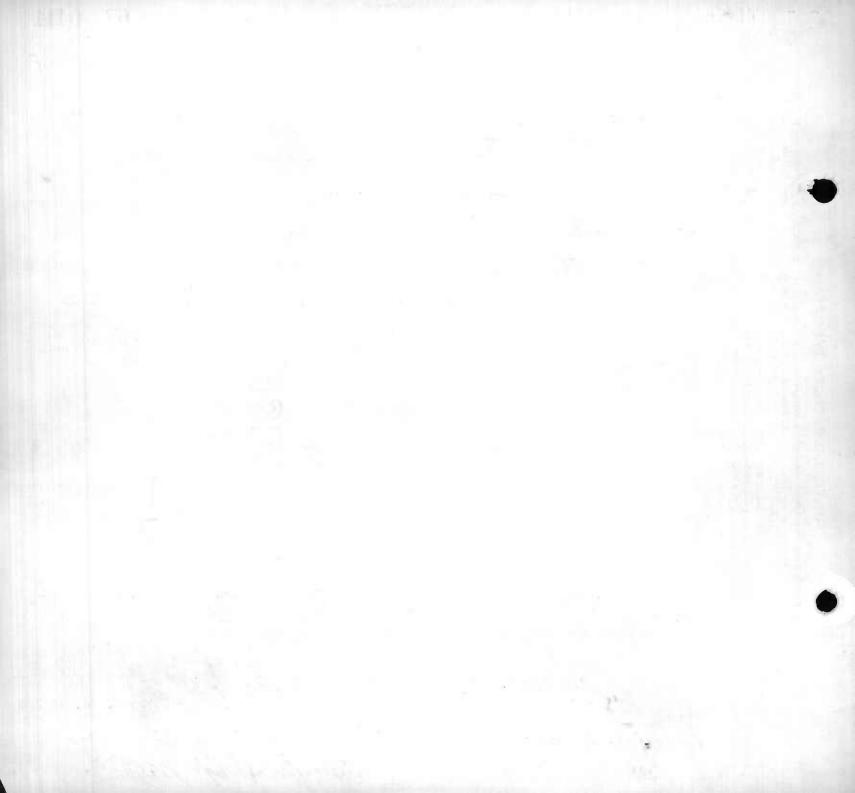
(20)	BALTIM	ORE CITY HEALTH DEPARTME	NT	67 0409
BIRTH NO. 67 0409	CERT	IFICATE OF DEAT	H Registered No.	07 0403
A.E. CASE NO. NAME OF DECEASED			TE AND HOUR OF DEATH	
Type or Print)	,			10.1E A
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE	(Where deceased lived, If in:	10:45 A. stitution: residence before admission
			COUNTY	
FULL NAME OF (If not in hospital or in hospital or in oddress or location)	nstitution, give street	C. CITY OR TOWN	d (If outside city limits, write R	TIRAL and give township)
INSTITUTION				13 01
U		D. STREET ADDRESS	(If tural, give lacation)	10-01
Belvedere Nursing Home	2	Tomplo	Garden Apartmen	ts Ant. 1103 #1
SEX 6. RACE 7.	MARRIED, NEVER MARRIE	ED 8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Mala White	WIDOWED, DIVORCED (s	pecify)	lost birthdoy)	Months Doys Hours Min.
Male White DA. USUAL OCCUPATION (Give kind of work 10E	Widow KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (State	or foreign country)	12, CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
Manufacture 1	len Shirts	Lithuania	AL ALAAF	USA
» FAIRERS NAME		14. MOTHERS MAIDE	N NAME	
Unknown		Unknown		
5. Was Deceased Ever in U. S. Armed Forces: Tes, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY I	17. INFORMANT		ADDRESS
No	216-32-		Hyman, 5601 Ev	orhurst Road #0
18. // 20. / 1		CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLY			ONSET AND DEATH
LEADING TO DEATH	(A)	DE TO COMMENT	Thrombosis	1 das
(This does not mean the mode of dy heart foilure, asthenia, etc. If means the	ing, e.g., DL diseose.	JE TO		
injury or complication which coused de-	ofh.)	a.L.	1 1.	
ANTECEDENT CAUSES	(B)	IE TO	1-15	· (robum m <b>6</b> m \$00 \$00 00 m m m m m prop m on oo oo oo on m m oo
DISEASES OR CONDITIONS, if ony		#	cort Disease	57500
rise to the above code (A) sta	oling fhe (C)			
II.				
O OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERAT	ION 20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFOR	WED		IN CERTIFING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B PLACE OF INJ	URY (e.g., in or about 21 C. WHERE street, office bldg., INJURY OCC	DID (If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	sites of the stage, it is on the stage	o n.	
21D. TIME (Month) (Doy) (Year) (H	lour) 21E INJURY OCCU	RRED 21 F. HOW D	ID INJURY OCCUR?	
OF INJURY (APPROX)	While At	Not While		
20 1 1 1 1 1 1 1 1 1	Work L	At Work	( -)	
22. I certify that (I) (this hospital) a			19 <u>6 0</u> ta	1/10 19 67
that (I) (we) last saw the deceased a	live an	19.6)	and that in (my) (our) opin	nian deoth occurred on the de
and hour and from the causes stated	above. (1) (We) (did) (d	lid not) view the bady ofter d	eath.	
23A. SIGNATURE			The second	23B. DATE SIGNED
Ist Junha	+ mo	M.D. Attending Med. Director	Stoff Phys.	1/10/67
23 C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS		
0	liuhaka	M.D. 4000 III	Northorn Darbur	., #1E
AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETE	ERY of CREMATORY	Northern Parkwa 24D. LOCATION (Cit	y, lown, or county) (State)
REMOVAL (Specify)				
Burial 1/11/67 5A. DATE REC'D BY HEALTH DEPT. 1251	Chizuk Am	uno (Arlington)  25c. Funeral Dir  Sol Levin	Baltimore,	Maryland
IAN 1 C 4007	O BAC AGO	LAN CONERL DIR	Prod 7	Maryland ADDRESS ., 6010 Reist., F
	West C. The	Sor Leven	son a bros. Inc	., outo keese., k
S 150-REV. 1/1/65				



M.E. CASE NO.			
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED D	EAD
THOMAS  3. PLACE IN BALTIMORE, MARYLAN	WISE ND, WHERE PRONOUNCED DEAD	January 11, 1967	2:55 AM. n: residence before odmission
FULL NAME OF (IF NOT IN H	OSPITAL OR INSTITUTION, GIVE STREET	Maryland B. COUNTY	
HOSPITAL OR ADDRESS OR	LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RUI Baltimore	9-08
4 Maryland Ge	eneral Hospital	D. STREET ADDRESS (If rurol, give locotion)  1905 Homewood Avenue	
5. SEX 6. RACE Male Colored	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.
	of work 108. KIND OF BUSINESS OR INDUS	October 17, 1900 57 TRY 11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Laborer 13. FATHER'S NAME		Hampton Sydney, Va.	U.S.A.
Robert Wise		Ella Stockes	
15. WAS DECEASED EVER IN U.S. A (Yes, no or unknown) (If yes, give wor o		Margaret Neal, 1905 Homewood	Ave.
DISEASE OR CONDITION LEADING TO DE CONDITION (This does not mean the macheoid follure, asthenia, etc. It injury or complication which complication which complication which complication which complication which complication	ON DIRECTLY DEATH  Multi (A)  meons the disease,	se Of DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT · CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I	, IF ANY, GIVING DUE TO	ture of Right Leg	
O THER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA	OT RELATED TO THE		
19A, DATE OF OPERATION 19B	CONDITION FOR WHICH OPERATION	Yes Yes or No.   208. IF YES, WERE FINDIN	
₹ 21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB-	21B. PLACE OF INJURY (e., home, farm, foctory, street, etc.)	a, in or obout 21C. WHERE DID (If in Boltimore City, give ex	
2	Express		272 ft. S. of
OF INJURY (APPROX.) 12 13	166 12:22, WHILE AT NO	D 21F. HOW DID INJURY OCCUR?  TWORK Pedestrian hit by car.	13-04
22. I certify that I held a		Autapsy 🛛 and that an this basis, death In my a	oinlon
1 certify that I held a resulted fram: Natur		ide Hamicide Undetermined manner	oinlon ]
I certify that I held a resulted fram: Natur	al causes Accident X Suic	ide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S	al causes Accident X Suic	CHIEF MEDICAL EXAMINER  D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	Accident X Suice M. M. Ger Breitenecker, M.D.	CHIEF MEDICAL EXAMINER  D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	

and the state of the state of the state of the state of

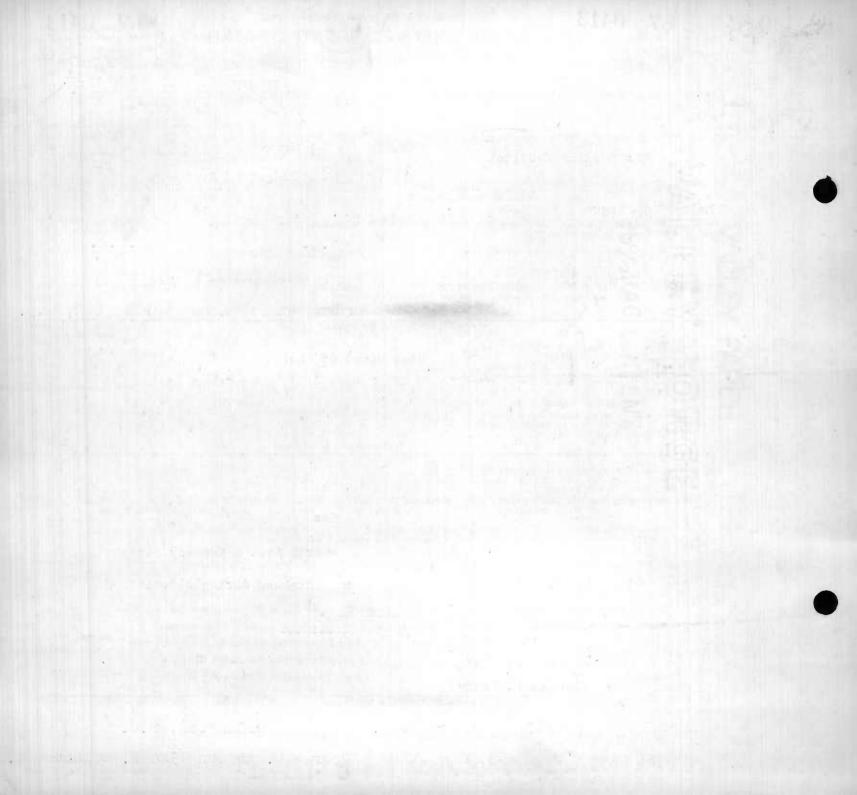
-00 M	63 67 0411 BALTIMORE CI	Y HEALTH DEPARTMENT	12.4
-00-	CERTIFICA	ATE OF DEATH Registered No. 0/ UA	11
ase ase th th Suc	M.E. CASE NO.  1. NAME OF DECEASED  THELMA  MORTON  (Type or Print)	2. DATE AND HOUR OF DEATH	
(5) Dece ance on death.	3. PLACE OF DEATH IN BALTIMORE MARYLAND	Jan. 13, 1967 SF2	20P.M.
5) Dec ince o death.		A. STATE B. COUNTY	00//// 5 5/0///
0	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or tocohon)	MARYLAND C. CITY OR TOWN (If outside city limits, write RURA) ond give township	2)
	INSTITUTION BALTIMORE CITY HOSPITALS	BALTIMORE / (1-0)	
	3 / 4940 EASTERN AVENUE BALTIMORE, MARYLAND #21224	D. STREET ADDRESS (If rural, give location)	Annual Control of the
		14081 MADISON AVENUE #21215	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARR JED MARRIED	8-30-21  9. AGE (In years If Under 1 Yr. If Under 1	der 24 Hrs.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
	dane during most of warking lite, even it/etired)	INDIANA USA	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	CHATHER Other Junger	MARY TUCKER	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT BCH 4940 Eastern Avenue DDRESS	
	212–28–2885	RECORDS: Baltimore, Maryland #21224	4
	18.465 X I CAUSE	OF DEATH INTERVAL BET	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
	(This does not mean the made of dying, e.g., DUE TO	ulmonary emboling for how	ns-
	heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)		
	ANTECEDENT CAUSES  (8)  DUE TO		-550
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C)		
	UNDERLYING CONDITION lost.		
	Z III	0 0	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DYSCUME TO DISEASE OR CONDITION CAUSING IT.	unus Erythenapous	
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.	YES	
	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location office bldg., INJURY OCCUR?	n)
	Q 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?	
I	While At Not W Work At Wo		
	22. I certify that (1) his hospital attended the deceased from	Oct 28 19 6610 Jan 13 1	1967.
	that (1) (we) lost sow the deceased alive on 1/13		on the dote
	and hour and from the couses stated above. (1) We) (did) did not)		
l	23A. SIGNATURE	23B. DATE SIGNED	
	Janel J. Johnson	ttending Med. Stoff Phys. 1//3 /6	7
	23C. PHYSICIAN'S Franklin G. Strauss	23D. ADDRESS BULA C+ H-	1
	Transfin G, Houngs M.	4940 Lastern Avenue   Baltimoge, Ma. #	#21224
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or C	REMATORY 240. LOCATION (City, town, or county)	(State)
	Remarcal 1/16/67 Clayer /	1250 FUNERAL DIRECTOR ADDRESS	ud
	IAN 1 6 1967 ( D. & & Jalana)	Violente Shaller innov Man	12(5)
	VS 150-REV. 1/1/65	The stand I will then	



CM ONO	BALTIMORE CITY HEALTH DEPARTMENT	67 0449
BIRTH NO. 67 0412	CERTIFICATE OF DEATH Regis	tered No.
M.E. CASE NO.  1. NAME OF DECEASED  (Typo or Print)	2. DATE AND HOUR	OF DEATH
(Typo or Print) William C. Hud.	nall 1-13	-67 1 10' 36 A- M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decease	d lived. If institution: residence before admission
	A. STATE B. COUNTY	gland
FULL NAME OF (If not in hospital or institution, give oddress or location)		mits, write RURAL and give township)
INSTITUTION	or salt out to the an obstacle salt	111-05
0501111	D. STREET ADDRESS (If rurol, givo	locotion)
524 Laurens St	52.4 /2	84
5. SEX / 6. BACE / 17. MARRIED, NE	VER MARRIED B. DATE OF BIRTH 9. AGE fin	yeors   If Under 1 Yr., If Under 24 Hrs.
Ellar Ind	IVORCED (specify) 4 - 1896 lost binhoo	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)	20016	WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	acoval
TAINER'S NAME	MOTHER'S MAIDEN NAME	10
John Hilan	mary Aud	uall
15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) // If yes, give wer or dates of service)	SOCIAL 17. INFORMANT	ADDRESS
17	20-9-95944 Horleuse	Freson 624 Laure St
18. 44 5 0 /	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	IN Lay dise Infac/1	072 6M8
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	
injury ar camplication which coused death.)	Antonia Schantin Hon	14 348
ANTECEDENT CAUSES	BUETO AN alise Infaction  (B) Anteria Scleratio Had  BUSENS	
DISEASES OR CONDITIONS, if any, giving	Della	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	fC)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B, PLA	CH OPERATION 20A. AUTOPSY? (Yos or No.) 20B. IF	YES, WERE FINDINGS CONSIDERED 1FYING CAUSES OF DEATH?
C C C C C C C C C C C C C C C C C C C		magazitatika.
OP CONTRIBUTING CALLES OF	CE OF INJURY fe.g., in or obout 21 C. WHERE DID (If orm, foctory, street, office bldg., INJURY OC.CUR?	in Boltimoro City, give exact location)
DEATH (notify medical examiner)		
	JURY OCCURRED 21F. HOW DID INJURY OCC	JR?
(APPROX.) While A	Not While At Work	
22. I certify that (I) (this hospital) attended the d		10 1-13 1967
that (I) (we) lost saw the deceased alive on	1 10 /0	(our) opinion deoth occurred on the date
		tour, opinion deorn occurred on the date
and hour and from the couses stated above. (1) (4)	(did) (did not) view the body after death.	DATE SIGNED
23A. SIGNATURE	M.D. Attending 7 Med. Stoff	23 B. DATE SIGNED
Con ayou Sailha	Phys. Director Phys.	1/14/67
23C. PHYSICIAN'S NAME (Typo)	23D. ADDRESS	
G. Franklin Phillip	2 M.D. 558 Ma 914 slow	It kell good
24A. BURIAL CREMATION - 24B. DATE 24C. NAME	CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial Jan Inter	in last am took By	lting of
100000000000000000000000000000000000000	- CULLUIIII CUCK VA	LUMBE
25A. DATE REC'D BY HEALTH DEPT. 278. NAME OF R	EGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS A
JAN 16 1967 P. P. S. NAME OF R.	FOR MAN OF RUNERAL DIRECTOR	1 d 11 (-3) (C)

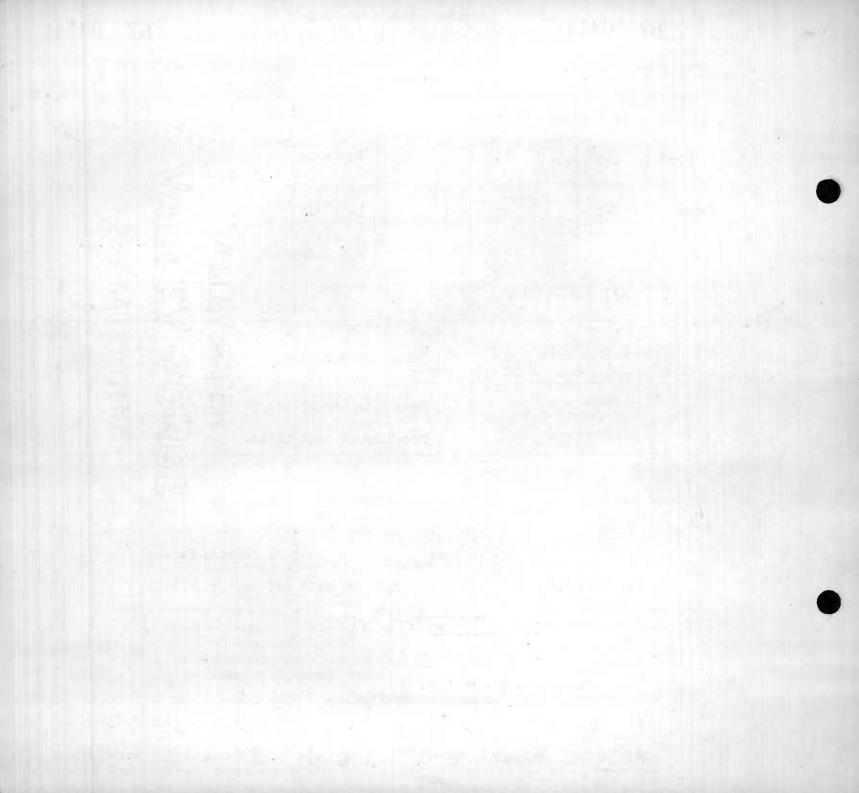
544 Kanenso St. 4- 1846 76 Merlemadeland Che Mary Huduall Heteure Jacken 52 / line

(Type or Print)	ECEASED			2. DATE AND HOUR PRONOUNCED DE	AD
	MARVIN	BYI		January 14, 1967	12:55 A M.
		WHERE PRONOUNCED DEAD	A. STATE	DENCE (Where deceased lived, If institution: B. COUNTY Cyland	residence before odmission
HOSPITAL OR	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STRE	C. CITY OR TO	WN (If outside corporate limits, write RURA Ltimore	27-10
33 Jo	hns Hopkins H	Hospital	D. STREET ADD	RESS (If rurol, give locotion)  O Ridgewood Avenue	ichunod
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify	B. DATE OF BIRT	H 9. AGE (In years If U	Inder 1 Yr. II Under 24 Hrs.
Male	Negro	Never Married			CITIZEN OF
	f working life, even if retired		S.C	·	S.A.
13. FATHER'S NA	ME		14. MOTHER'S M		.0
	rles Byrd			Lena TXXXXXX Taylo	
	(If yes, give wor or do		,		RESS
no		2-18:82-6	CAUSE OF DEATH	Funeral home Darl	Ington, S.C.
(This does	ASE OR CONDITION E LEADING TO DEAT not mean the mode of re, osthenio, etc. It meon omplication which coused	of dying, e.g., DUE TO	tab Wound of (	Chest.	
	ANTECEDENT CAUS	(B)			
RISE TO THE UNDERLY	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAST	STATING THE	Ŏ ,		
RISE TO THE UNDERLY	HE ABOVE CAUSE (A)	STATING THE	0		
RISE TO THE UNDERLY	HE ABOVE CAUSE (A) ING CONDITION LAST	S CONTRIBUTING	0		
RISE TO THE UNDERLY!  OTHER SIGN TO THE DISEASE (	HE ABOVE CAUSE (A) ING CONDITION LAST  II  GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION [19.B. CO	S CONTRIBUTING	DN 20A. AUTOPS	7? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
RISE TO THE UNDERLY!  OTHER SIGN TO THE DISEASE OF	III GNIFICANT CONDITION LAST  BUT NOT R OR CONDITION CAUSIN OF OPERATION 19B. CO WAS PE AL CAUSE WAS	S CONTRIBUTING SELATED TO THE AG IT. NODITION FOR WHICH OPERATION REFORMED	Y (e.g., in or obout 21C. V	IN CERTIFYING CAUSES OF	T DEATH? Yes
RISE TO THE UNDERLY!  OTHER SIGNATURE OF THE DISEASE OF THE UNDERLYING UNDERLYING UTING CALL	HE ABOVE CAUSE (A) ING CONDITION LAST  II GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 19B. CO WAS PE	S CONTRIBUTING SELATED TO THE AG IT. INDITION FOR WHICH OPERATION ERFORMED  218, PLACE OF INJUR home, lorm, loctory, etc.,) Street	Y (e.g., in or obout 121C. Variety, office bldg., NO1	WHERE DID (II in Boltimore City, give exory occur? The Ave. & Kennedy Str	TEATH? Yes
RISE TO THE UNDERLY!  OTHER SIGN TO THE DISEASE OF	HE ABOVE CAUSE (A) ING CONDITION LAST  II GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION AL CAUSE WAS DEATH CAUSE WAS OF CONTRIB- USE OF DEATH.  (Month) (Doy) (Ye	S CONTRIBUTING S CONTRIBUTING RELATED TO THE RIGHT.  REFORMED    218, PLACE OF INJUR   home, lorm, loctory, etc.,   Street   218, INJURY OCC	Yes Yes, in or obout 21C. Value of the bidg. Not Wrete office bidg. Not Wrete 21F. H	WHERE DID (II in Boltimore City, give exo	eet Yes
RISE TO THE UNDERLY!  OTHER SIGNO TO THE DISEASE (DISEASE	HE ABOVE CAUSE (A) ING CONDITION LAST  II GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION AL CAUSE WAS DEATH CAUSE WAS OF CONTRIB- USE OF DEATH.  (Month) (Doy) (Ye	SCONTRIBUTING RELATED TO THE RIGHT.  RIGHTON FOR WHICH OPERATION REFORMED    21B. PLACE OF INJURY home, lorm, loctory, etc.)   Street   21B. INJURY OCC	Yes Yes Yes Yes Yes Yes Yes Yes You Yes You Yes Yes You Yes Yes You Ye	WHERE DID (II in Boltimore City, give exory occur?  The Ave. & Kennedy Strow DID INJURY OCCUR?	eet tion.
OTHER SIGN TO THE DISEASE (19A, DATE O)  UNDERLYING UTING CAI  CAPPROX.)  22. I ce	HE ABOVE CAUSE (A) ING CONDITION LAST  II GNIFICANT CONDITION DEATH BUT NOT ROR CONDITION CAUSIN OF OPERATION 19B. COWAS PERIOD CAUSE WAS DEATH.	SCONTRIBUTING SCONTRIBUTING SELATED TO THE AG IT. PNDITION FOR WHICH OPERATION (RFORMED)  218. PLACE OF INJUR (home, lorm, loctory, etc.) Street (coi) (Hour)  218. PLACE OF INJUR (home, lorm, loctory, etc.) Street (coi) (Hour)  218. INJURY OCC (ACC) (Hour)  Inspection	Yes Yes Yes Yes Yes Yes Yes Yes You Yes You Yes Yes You Yes Yes You Ye	WHERE DID (II in Boltimore City, give exory occurs?  The Ave. & Kennedy Strow DID INJURY OCCUR?  Stabbed during altercade that on this bosis, death in my opin	eet tion.
RISE TO THE UNDERLY!  OTHER SIGN TO THE DISEASE (19A. DATE O)  OUTHOR SIGN TO THE DISEASE (19A. DATE O)  UNDERLY!  21A. EXTERN.  UTING CAI  OF INJURY (APPROX.)  22. I ce	III GNIFICANT CONDITION LAST  BY OR CONDITION CAUSIN OF OPERATION OF O	SCONTRIBUTING SCONTRIBUTING SELATED TO THE HIGH IT.  PODITION FOR WHICH OPERATION PROFINED  21B. PLACE OF INJURY Street FORMED  21E. INJURY OCC  A WHILE AT INJURY Inspection	DN 20A. AUTOPS) Yes Yes Yes Yes, in or obout 21C. V street, office bidg., INJUR NOT URRED 21F. H NOT WHILE X AT WORK AT WORK  Autopsy X on Suicide Homic CHIEF M	WHERE DID (II in Boltimore City, give exory occur? The Ave. & Kennedy Strow DID INJURY OCCUR? Stabbed during altercade that on this bosls, death in my oplide W Undetermined manner EDICAL EXAMINER	tion.
OTHER SIGN TO THE DISEASE (19A, DATE O)  UNDERLYING UTING CAI  CAPPROX.)  22. I ce	HE ABOVE CAUSE (A) ING CONDITION LAST  II GNIFICANT CONDITION DEATH BUT NOT ROR CONDITION CAUSIN OF OPERATION 19B. COWAS PER CONTRIBUTION (Month) (Doy) (Year 1 14 16 Contributed from: Noturol CAL	SCONTRIBUTING SCONTRIBUTING SELATED TO THE HIGH IT.  PODITION FOR WHICH OPERATION PROFINED  21B. PLACE OF INJURY Street FORMED  21E. INJURY OCC  A WHILE AT INJURY Inspection	Yes	WHERE DID (II in Boltimore City, give exert Ave. & Kennedy Strow DID INJURY OCCUR?  Stabbed during altercade that on this bosls, death in my oplide Y Undetermined manner EDICAL EXAMINER	eet tion. DATE SIGNED
RISE TO THE UNDERLY!  OTHER SIGN TO THE DISEASE (19A. DATE OF INJURY (APPROX.)  22. I ce results of the control	HE ABOVE CAUSE (A) ING CONDITION LAST  II  GNIFICANT CONDITION DEATH BUT NOT ROR CONDITION CAUSE  AL CAUSE WAS PE  AL CAUSE W	S CONTRIBUTING  S CONTRIBUTING  RELATED TO THE  AG IT.  INDITION FOR WHICH OPERATION  PROPRIED    21B. PLACE OF INJUR    home, lorm, loctory,   etc.)   Street    Street   Oil (Hour)   21E. INJURY OCC   OCC   OIL (Hour)   21E. INJURY OCC   OIL (Hour)   Inspection   OIL (Hour)   OIL (Hour)      Inquiry   Inspection   OIL (Hour)   OIL (Hour)      OIL (Hour)   OIL (Hour)   OIL (Hour)     OIL (Hour)   OIL (Hour)   OIL (Hour)     OIL (Hour)   OIL (Hour)   OIL (Hour)     OIL (Hour)   OIL (Hour)   OIL (Hour)     OIL (Hour)   OIL (Hour)     OIL (Hour)   OIL (Hour)   OIL (H	Yes	WHERE DID (II in Boltimore City, give exory occur? The Ave. & Kennedy Strow DID INJURY OCCUR? Stabbed during altercade that on this bosls, death in my oplide W Undetermined manner EDICAL EXAMINER	tion.
RISE TO THE UNDERLY!  OTHER SIGNATE OF INJURY (APPROX.)  22. I ce resulting EXAMI	HE ABOVE CAUSE (A) ING CONDITION LAST  II  GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. CO WAS PE  AL CAUSE WAS FOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Ye  1 14 ( ortify that I held on ulted from: Noturol c  NETURE NER'S (Type) Charle  EMATION, 123B, DATE	SCONTRIBUTING RELATED TO THE RIGHT.  21B. PLACE OF INJUR home, lorm, loctory, etc.)  21E. INJURY OCC  7 A	Yes	WHERE DID (II in Boltimore City, give exert Ave. & Kennedy Strow DID INJURY OCCUR?  Stabbed during altercade that on this bosls, death in my oplide Y Undetermined manner EDICAL EXAMINER	tion.  DATE SIGNED  1/14/67
RISE TO THE UNDERLY!  OTHER SIGNATION THE DISEASE (19 A. DATE OF INJURY (APPROX.)  22. I CONTROL OF INJURY (APPROX.)  22. I CONTROL OF INJURY (APPROX.)  23. I CONTROL OF INJURY (APPROX.)  24. I CONTROL OF INJURY (APPROX.)  25. I CONTROL OF INJURY (APPROX.)  26. I CONTROL OF INJURY (APPROX.)	HE ABOVE CAUSE (A) ING CONDITION LAST  II  GNIFICANT CONDITION DEATH BUT NOT ROR CONDITION CAUSIN PROPERTION 198. COWAS PER AL CAUSE WAS PER A	SCONTRIBUTING RELATED TO THE RIGHT.  21B. PLACE OF INJUR home, lorm, loctory, etc.)  21E. INJURY OCC  7 A	DN 20A. AUTOPSY Yes Yes Yes Yes, in or obout 21C. Yes Street, office bidg., INJUR NOT WHILE X AT WORK AT WORK  Autopsy X On Suicide Homic CHIEF M ASSOCIATE M	WHERE DID (II in Boltimore City, give example of the Ave. & Kennedy Strow DID INJURY OCCUR?  Stabbed during altercade that on this bosls, death in my oplicity Undetermined manner DEDICAL EXAMINER DICAL EXAMINER AEDICAL EXAMINER	DEATH? Yes  oct locotion)  eet  tion.  nlon  DATE SIGNED  1/14/67  or county) (Stote)



VS 151-REV. 1/1/65

ME OF DECEASED			ERTIFICATE OF DEATH Register	
TIL OI DECEMBED			2. DATE AND HOUR PRONOUNC	ED DEAD
ME OF DECEASED Print) PEARL		MASON		
CE IN BALTIMORE, MARYLAND, WI	HERE PRONOL		January 13, 196	itution: residence before admission
			A. STATE Maryland B. COL	INTY
TAL OR ADDRESS OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write	RURAL and give awnship)
ИОПТ			Baltimore /	
Provident Hospital			D. STREET ADDRESS (If rurol, give location)	
			1115 N. Parrish Stre	
6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birth)	Manths, Doys, Haurs, Min.
ale Negro		lowed	3-29-08 58	
UAL OCCUPATION (Give kind of work ring most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Md.	.U.S.A.
HER'S NAME		77	14. MOTHER'S MAIDEN NAME	
		16.		
	DECEASED EVER IN U.S. ARMED FORCES?  unknown) (If yes, give war or dates of service)  SECURITY NO.		17. INFORMANT	ADDRESS
		217209387	Fred Nelson 1629 Bo	oker Court
F90110		CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	ECTLY			O. O. AND DEATH
LEADING TO DEATH This does not mean the made of	dvina e.c		nary Embolism	
neort foilure, asthenia, etc. It means	the disease,	DUE TO		
ANTECEDENT CAUSES		(B) Deep V	Vein Thrombosis	
DISEASES OR CONDITIONS, IF A				
UNDERLYING CONDITION LAST.		(c) Fractu	re of Left Tibia.	80 * 88 888 888 888 * 8 * * * * * * * *
OTHER SIGNIFICANT CONDITIONS (				
DISEASE OR CONDITION CAUSING		me		00000000000
. DATE OF OPERATION 198, CONT		WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
			NO	
EXTERNAL CAUSE WAS DERLYING MOR CONTRIB-	home	PLACE OF INJURY (e.g., i , larm, foctory, street, a	in or about 21C. WHERE DID (If in Boltimore City, gi	
NG CAUSE OF DEATH.	etc.)	Home	1115 N. Parrish Stre	eet 16-02
TIME (Month) (Doy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
PROX.) 12 23 '66	m. V	VHILE AT NOT V	WHILE X Fell off ladder.	
I certify that I held on Ir				ny enlaten
resulted from: Notural cau			opsy ond that on this basis, death in r	
resulted from: Notural cat	ses A	CCrdent [X] Suicide	[]	er
		//_	CHIEF MEDICAL EXAMINER	DATE CICNED
ACTUAL /	. 1			DATE SIGNED
ACTUAL SIGNATURE Char	le 1	M. D.	ASSISTANT MEDICAL EXAMINER	
ACTUAL SIGNATURE EXAMINER'S		X	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	1/14/67
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles URIAL CREMATION,   23B, DATE	S. Pe	M.D.  C. NAME OF CEMETERY O	ASSOCIATE MEDICAL EXAMINER	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles URIAL CREMATION, 23B, DATE VAL (Specily)	s S. Pet	C. NAME OF CEMETERY .	ASSOCIATE MEDICAL EXAMINER	1/14/67 , town, or county) (State)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles	S S . Pet	C. NAME OF CEMETERY .	ASSOCIATE MEDICAL EXAMINER	1/14/67 , tawn, or county) (State)

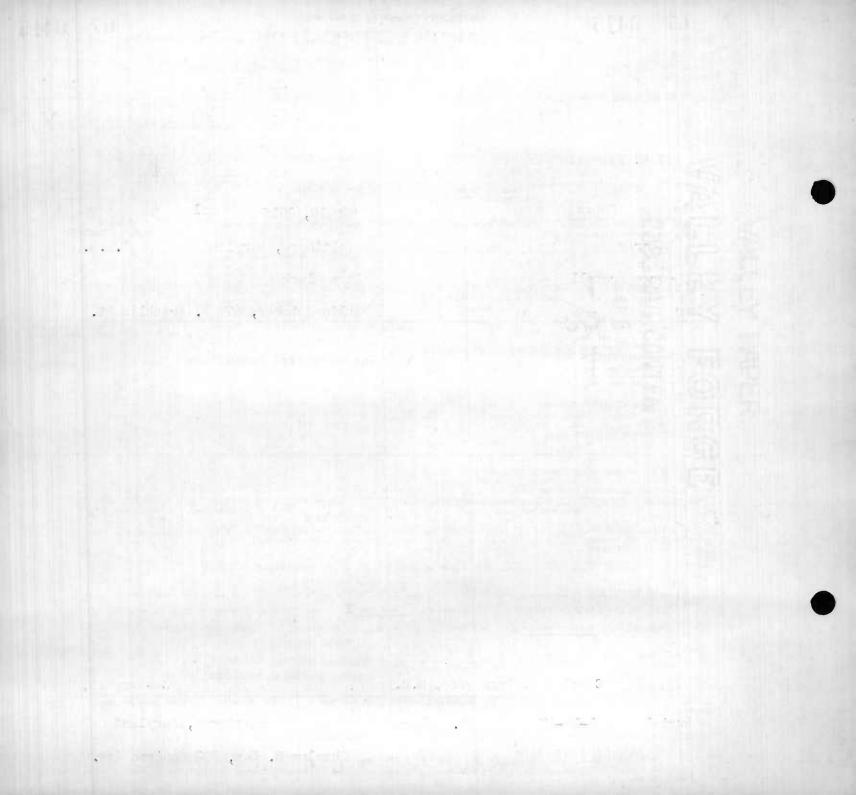


P.654

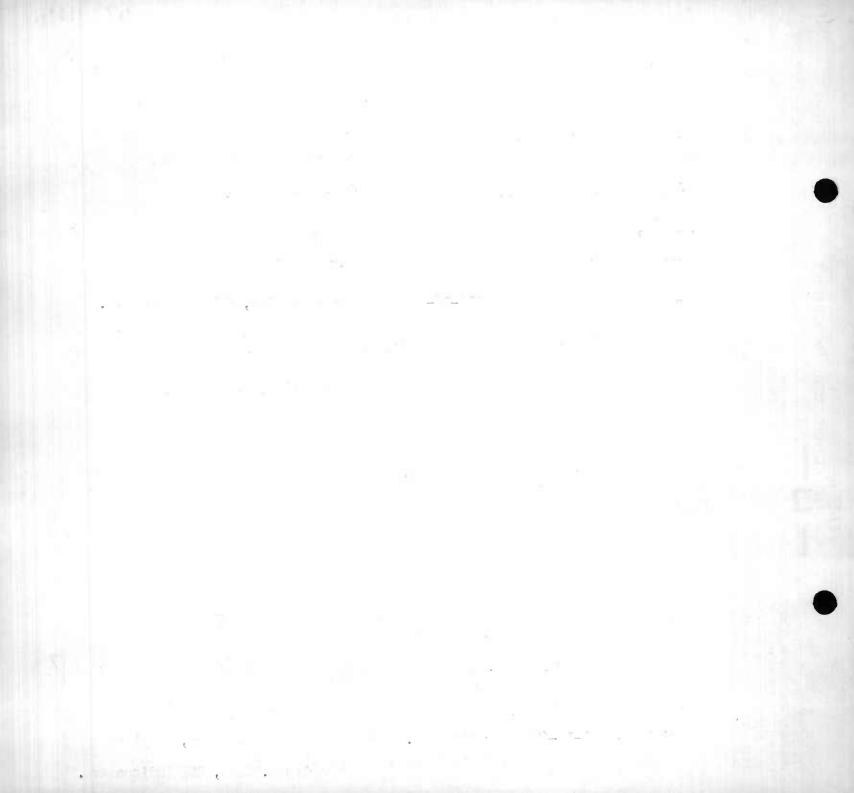
67 0415 BALTIMORE CITY HEALTH DEPARTMENT

	11	U	4	J. U
BIRTH	NO.			

	67	0415		BALTIMORE CITY HEA	LTH DEPARTMEN	Т			67	0441
BIRT	H NO.	MED	ICAL EX	KAMINER'S C	ERTIFICAT	E OF D	EATH Regi	stered Na	07	0413
	CASE NO.									
1. N	e or Print)	CEASED					HOUR PRONOU			
		K	ROLAND	PURNEI			ry 12, 19		6:1	IV10
S. PI	LACE IN BALI	IMORE, MARYLAND, W	VHERE PRONO	UNCED DEAD	4. USUAL RESIDE	Marylan	. R. (	COUNTY	idence befor	re odmissian)
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOW			write RURAL o	and give tov	vnship)
NS1	TUTION	ADDRESS OR LOC.	A IION)			Baltimo		/	7-1	9/
	677 K	. Franklin S	treet		D. STREET ADDR				10	
1	0	· II GIINIIII D	Cleet				Franklin	Ctroot		
5. SI	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yes	ors If Unde	r 1 Yr. If U	nder 24 Hrs.
N	lale	Negro	WIDO WED,	DIVORCED (specify)	More 70	1015	last birthdoys	Months	Doys Ha	iurs Min.
			rk TOB. KIND O	F BUSINESS OR INDUSTE	May 10	tate ar fareign		12. CITIZ	EN OF	
lone	during most of	working life, even if retired)			D-144	W.	E France		AT COUNTR	RY?
3. F	ATHER'S NAM				Baltimo	IDEN NAME	ryrand		S.A.	
	Georg	e Prunell			Lara Cla	a sole				
	VAS DECEASE	D EVER IN U.S. ARMEI		16. SOCIAL	17. INFORMANT	ALK		ADDRES	S	
res,	No ar unknawn	(If yes, give war ar dat	es at service)	SECURITY NO.	Pouline	Stokes	677 W. F	no nklin	C4	
1	18. 3 5 /			CAUS	E OF DEATH	o conos,	0// % 1	TallyTII		BETWEEN
	1000	X		GAO S	e or beam					ND DEATH
	DISEA	SE OR CONDITION D LEADING TO DEATH			Intracere	hral he	morrhage			
	(This does	nat meon the mode a asthenia, etc. It mean	f dying, e.g.,	DUE TO	Inclacele	DIAI HE	morriage			•••••••••
	injury ar co	nplication which caused	de ath.)							
	A	NTECEDENT CAUSE	S							
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO	00					
	UNDERLYIN	E ABOVE CAUSE (A) S NG CONDITION LAST.	IA IING THE							
S.				(C)						
F	OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTE	NG						
잂	TO THE	DEATH BUT NOT RE	ELATED TO T	THE						
CERTIFICATION		R CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY?	(Yes at No)	20B. IF YES, WERI	FINDINGS	ONSIDERED	)
ၓ	2,		RFORMED		Yes		IN CERTIFYING Ç	AUSES OF DI	EATH?	
		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar about 21C. W	HERE DID			acation)	
EDIC	UTING CAU	OR CONTRIB-	hame etc.)	e, farm, factory, street,	affice bldg., INJURY	OCCUR?				
21	21D TIME	(Month) (Day) (Yes	or) (Haur) [2	TE. INJURY OCCURRED	21E HO	M DID INTO	PY OCCUP?			
1	OF INJURY	(Monin) (Day) (Tec			WHILE	11 00 11170	AT OCCOR.			
	22.		m. \	WORK AT	WORK					
		tify that I held an	Inquiry 🗌	InspectionA	stapsy X and	that on thi	s bosis, death	n my opinio	n	
	resul	ted fram: Natural co	uses X	Accident Suici	de Hamicid	le U	ndatermined mo	nner		
		181	10	0 - 1	CHIEF ME	DICAL EX	AMINER -			
1	ACTUAL		g J	A TOL MI	ASSISTANT ME	DICAL EX	AMINER X		DATE	SIGNED
	SIGNAT	EP'S		,	ASSOCIATE ME					
	NAME (		S. Spr	ingate, M.D.	The state of the s			Januar	у 13,	1967
	BURIAL CRE		23	C. NAME of CEMETERY	or CREMATORY	23 D. LC	CATION	City, tawn, ar	county)	(State)
KE/V	Burial	1-17-6	7	Mt. Auburn		Be	ltimore.	Marylan	d	
24A.		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA				ADDRESS	
		JAN 16 1967	DO .	OTO			aw. 802 M			
		1307	Upland	C, JOHN MI	الم المالية	10 10	w, cor m	adladii	WAG.	



BIRTH NO	o. 6	7 0416	6	CERTIFICA	ATE OF DEATH	Registered No	67 (	1410
N.E. CA	SE NO.	)			2. DATE AN	ID HOUR OF DEATH		
Type or		chert 1	Cach.	ins	1	-13-67	9'	10
. PLACE		N BALTIMORE, MA	ARYLAND	1117	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence be	fore odmission
					A. STATE B. COUN	111		
	NAME OF	(If not in hospital oddress or location	or institution	, give street	Maryland	Baltin	1010	10.1
	NOITUT		- 0		0 11:	tside city limits, write	RURAL ond give form	ship)
Sinc	ai Hos	pital of	f Bal	timore	D. STREET ADDRESS (IF	rural, give location)	61	-
4	21				- 0	imore A	ve.	100
. S EX	6. RA	CF	7. MARRIEI	D. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	-	Under 24 H
N	0	1	WIDOW	ED, DIVORCED (specify)	10/6/14	lost birthdoy)		urs Min.
A 11511	AL OCCUPATI	ON (Give kind of wor		Arried  OF BUSINESS OR INDUSTR	13/17	31	12. CITIZEN OF	
		g life, even if retired)	NIOB. KIND	OL BOSINESS OK HADOSIK	III. BIKINICACE (Slote of fore	ідп совяну)	WHAT COUNT	RY?
Hor	seman				Virginia		USA	+
- FATH	IER'S NAME				14. MOTHERS MAIDEN NA	ME		
W:	illiam G	askins			Mary Evens			
. Wos	Deceased Ever	in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
es, no oi		es, give war ar dat	es of service)	219-16-6850	Dauble C. 11	707 A D		
	0				Bertha Gaskins	, 5318 Denm		DPT. (PPA)
1B.	1291	/		CAUSE	OF DEATH		INTERVAL ONSET AN	
		CONDITION DI		m		T. C. L	11	
(This		ean the mode of		(A) I'I	yocardial -	In Tarcti	un / 0/0	7
hear	rt failure, asthe	nia, etc. It means						/
		tion which course						
injur		lian which coused	d death.)		eripsclerotic +	leart Dise	150	
	ANTE	CEDENT CAUSES	d death.)	(B) Art	eripsclerotic f	leart Disa	ase	
DISE	ANTE	CEDENT CAUSES	d deafh.) S ony, givin	B) Arto	eripsclerotic H	leart Disa	ise	100 000 000 000 000 000 000 000 000 000
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DISE rise UNIC	ANTE  EASES OR C  IO Ihe ob  DERLYING CO  HER SIGNIFICAN  THE DEATH  EASE OR CONI  DATE OF OPER	CEDENT CAUSES ONDITIONS, if give cause (A) NDITION last.  II NT CONDITIONS (I) BUT NOT REL. DITION CAUSING RATION 198. COM	ony, givin stating the CONTRIBUTII ATED TO TIT.	g (C)			FINDINGS CONSIDER	ED
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DISE TISE UNIT TO DISE TO DE LA TO DEL TO DE LA TO DE LA TO DE LA TO DE LA TO DEL TO DEL TO DE LA TO DE LA TO DE LA TO DE LA TO DEL TO DELA TO DEL	ANTE  EASES OR C  IG IHE GE  DERLYING CO  HER SIGNIFICAT  THE DEATH  EASE OR CONI  DATE OF OPER  ACCIDENT W CONTRIBUTING  TH (notify media  TIME (Morn  NJURY  PROX.)  I certify that  the (we) last  haur and fram  SIGNATURE  PHYSICIAN'S  NAME (Type)  RIAL CREMATIC  ACVAL (Specify	CEDENT CAUSES ONDITIONS, if give cause (A) in the couses (A) in the couses store the couses store in the couse in the couses store in the couses store in the couse in the couse in the couses store in the couse in the c	ony, givin slating the CONTRIBUTII ATED TO TIT. NOTITION FOR FORMED 21 had been also b	IB PLACE OF INJURY (e.g., me, form, foctory, street, c.)  IE INJURY OCCURRED Not White At Work  The deceosed from	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJuly 19 G. 7 and the view the bady ofter deoth.  19 G. 7 and the view the bady ofter deoth.  123D. ADDRESS  REMATORY 24D. L  22SC. FUNERAL DIRECTOR	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimore  URY OCCUR?  19 (2.7 to	FINDINGS CONSIDER USES OF DEATH?  City, give exact loc  1-13  nion deoth occurre  23B. DATE SIGNED  1-13-(  ity, lown, or county)  aryland  ADDRE	d on the do



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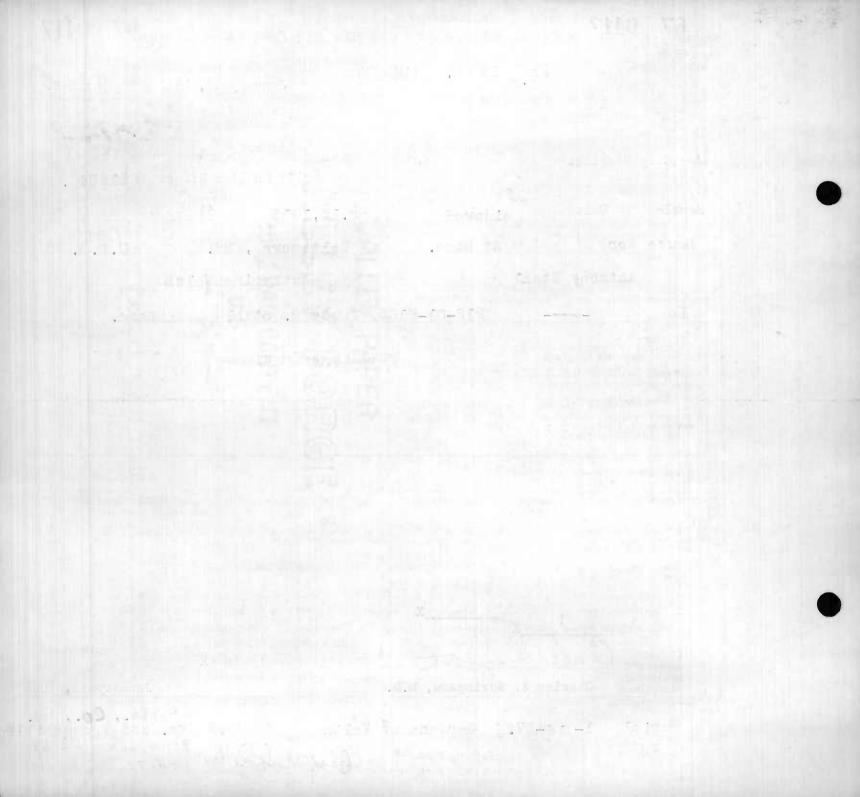
VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

FDICAL EVALUATED'S CEDTIFICATE OF DE

	67	0417
rea	140.	

IRTH NO.	EDICAL EXA	AMINER'S C	ERTIFICA	TE OF D	EAIH Registe	ered No.
M.E. CASE NO.						
NAME OF DECEASED Type or Print)	PHYLLIS PHYLIS	M. SAND SANDERS	ers		ry 12, 196	
PLACE IN BALTIMORE, MARYLAN		CED DEAD	4. USUAL RESI		eceosed lived. If ins B. COL	titution: residence before admission)
FULL NAME OF (IF NOT IN HADDRESS OR NOTITUTION	OSPITAL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TO	Baltimor		e RURAL and give township)
City Hospital		(DOA)	D. STREET AD	DRESS (If rurol, g	ive location)	" " " " " " " " " " " " " " " " " " " "
SEX 6. RACE	7. MARRIED, NE	VED AAADDIED	B. DATE OF BIR		9. AGE (In years	1
Female White	WIDOWED, DIV	ORCED(specify)	Apr.15		lost birthdoy	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind	of work TOB. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLAC	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if re HOUSE WOOK  3. FATHER'S NAME	At At	Home.	Bal	timore	Md.	U.S.A.
Anthony	Stabl				ne Welch	
5. WAS DECEASED EVER IN U.S. A (es, no or unknown) (If yes, give wor o	RMED FORCES? 16	SECURITY NO.	17. INFORMANT			ADDRESS
No	2	12-01-6188	James	D. Sta	th1	Same.
(This does not mean the mon heart feiture, esthenia, etc. It injury or complication which complication which complications are to the ABOVE CAUSE UNDERLYING CONDITION IN TO THE DEATH BUT NOT THE BUT NOT T	meons the disease.  AUSES  , )F ANY, GIVING (A) STATING THE LAST.  TIONS CONTRIBUTING DIT RELATED TO THE USING IT.		20.0. AUTOD	NY? (Vo. or No.) 2	OD IE VER WERE EI	INDINGS CONSIDERED
	S PERFORMED		No	11	N CERTIFYING CAU	SES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218, PL/ home, etc.)	ACE OF INJURY (e.g., form, foctory, street, c	in or obout 21 C. office bldg., INJU	RY OCCUR?	in Boltimore City, gi	ive exact location)
21 D TIME (Month) (Doy) OF INJURY (APPROX.)	WHI		WHILE	NULINI DE WOH	Y OCCUR?	
	m. WO					
22. I certify that I held a	n Inquiry 🗌 I	Inspection X Aut	topsy	nd that on this	bosis, deoth In	my opinion
I certify that I held o					bosis, deoth In a	
I certify that I held a resulted from: Nature		ident Suicid	e Homi		MINER	
ACTUAL SIGNATURE		Suicid	e Homi CHIEF	cide U	MINER X	er DATE SIGNED
ACTUAL SIGNATURE	rles S. Spri	Suicid	CHIEF ASSISTANT ASSOCIATE	cide Ur MEDICAL EXA MEDICAL EXA	AMINER AMINER CATION (City	DATE SIGNED  January 13, 1967
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Cha REMOVAL (Specify) Chetter (Specify)	rles S. Spri	Suicid  Suicid  M.D.  ngate, M.D.	CHIEF ASSISTANT ASSOCIATE	MEDICAL EXA MEDICAL EXA MEDICAL EXA MEDICAL EXA	AMINER AMINER CATION (City	DATE SIGNED  January 13, 1967  January 13, 1967



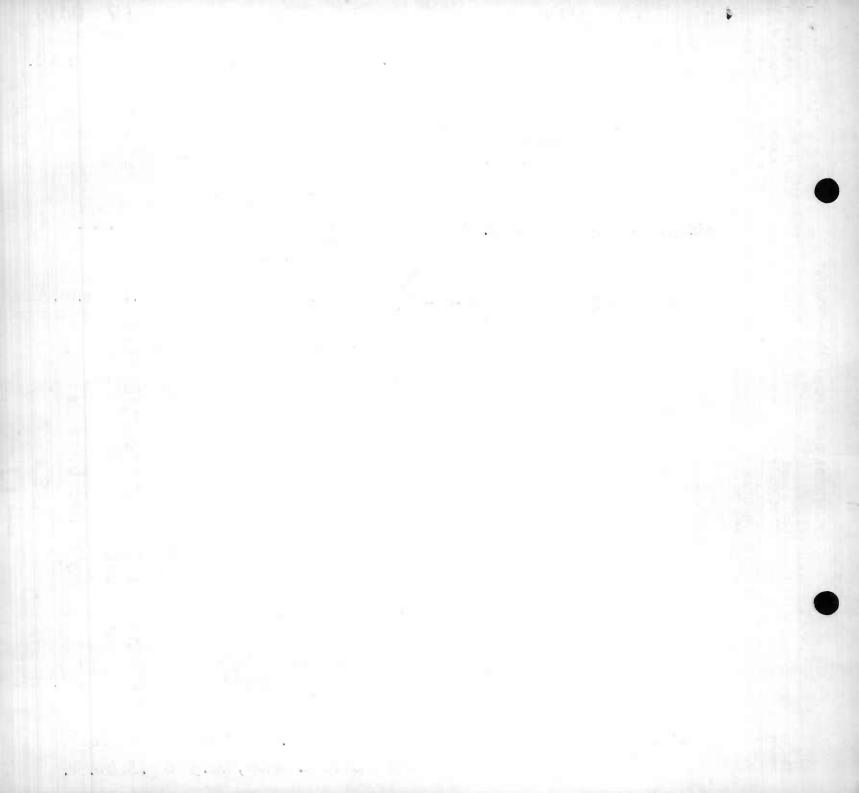
cri n	A A C BALTIMORE	CITY HEALTH DEPARTMENT		67 0418
BIRTH NO. DI	418 CERTIFIC	CATE OF DEATH	Registered No	07 0430
M.E. CASE NO.	02:(17:11			
Type or Print)	1.00		ND HOUR OF DEATH	1-05 0
CIYOU	7 055.	1-1		10- P.
PLACE OF DEATH IN BALTIMORE, A	AARYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived, if in	stitution: residence before admissio
FULL NAME OF (If not in hospit	tal or institution, give street	NA		
HOSPITAL OR oddress or loco	tion)	C. CITY OR TOWN (If ou	Iside city limits, write	RURAL and give township)
NCOLN memorial	augsing Home	B -1+0 m. 0	- 1	1403
		D. STREET ADDRESS (III	rurol, give location)	7
ZT N. CHREY STRE.	5 /	103.1 01	Rould	Slart
BALTIMORE, MARYLA		1824 IV. 8	SKUNT O	STREE1.
SEX 6. RACE	7. MARRIED, NEVER MARRIED WID,OWED, DIV,ORCED (speedby)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H. Manths Doys Hours Min.
MALE neglo	W ( & remes)	10/17/1880	86	
A. USUAL OCCUPATION (Give kind of w	ork 108. KIND OF BUSINESS OR HOU	TRY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
ane during most al working lile, even if retire	3) ( 0			WHAT COUNTRY?
	Gelines	expervell	w va	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
less hours		. 6		
Was Deceased Ever in U. S. Armed	Forces? 16. SOCIAL	17-INFORMANT -	memoira	/ ADDRESS
es, no ar unknown) (If yes, give war ar d	lates of service) SECURITY NO.	TAINFORMANT	memaria	e Haylouress
	220-24-0031	Jan 1		0.001
18. / 6 - 1		E OF DEATH	sureng &	INTERVAL BETWEEN
1038			2	ONSET AND DEATH
DISEASE OR CONDITION	H /	ANCER OF (	1/1/	
(This does not mean the made		ANCEN OF C	SOLOIV	
heart failure, asthenia, etc. It mea	ns the disease,			NOT SELECT AND DESCRIPTION OF THE PERSON OF
injuly of complication which cous	ed death.)			
ANTECEDENT CAUS	ES (B)			***************************************
DISEASES OR CONDITIONS, i				
rise to the above couse (A			20.00.00 held 20.00.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
UNDERLYING CONDITION last.				
_ 11				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSING				
TO THE DEATH BUT NOT RI				
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CO	ERFORMED		IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e	g., in or obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, farm, factory, stree	t, office bldg., INJURY OCCUR?		
	erc./			
21D. TIME (Month) (Day) (Yes	or) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(A PPROX.)		While		
TATTRON	Work At V	1		
22. I certify that (1) (this hospi	tol) ottended the deceased from	6-3	1965 10 /-	13 19.66
that (I) (we) lost sow the deced	sed olive on /- /3	. / /.		nion deoth occurred on the do
			, , , , , , , , , , , , , , , , , ,	
	dted obove. (1) (We) (did) (did no	t) view the body ofter deoth.		
23A. SIGNATURE				23B, DATE SIGNED
New M	made the M.D.	Attending Phys. Med. Director	Stoff Phys.	1/13/1/2
23C. PHYSICIAN'S		23D. ADDRESS	7	111 104
NAME (Type)		1 00 - 11	111	4
HONKIS OF	ENNA SINE "	.D. 930 Mehitet	sep 1	1
4A. BURIAL CREMATION, 24B. DATE	24C, NAME OF CEMETERY OF	CREMATORY 24D. L	OCATION	ity, town, or county) (Stole)
REMOVAL (Specify)	1867 11 Kity Ba	tilist	pourelle	1,000
Allerial !	of which Die	x	116	
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAL	25C. FUNERAL DIRECTO	1300	removed ADDRESS
JAN 1 6 1967	P. P. ST E. Janey	O COSTON OF	Terla!	
S 150-REV. 1/1/65			The state of the s	

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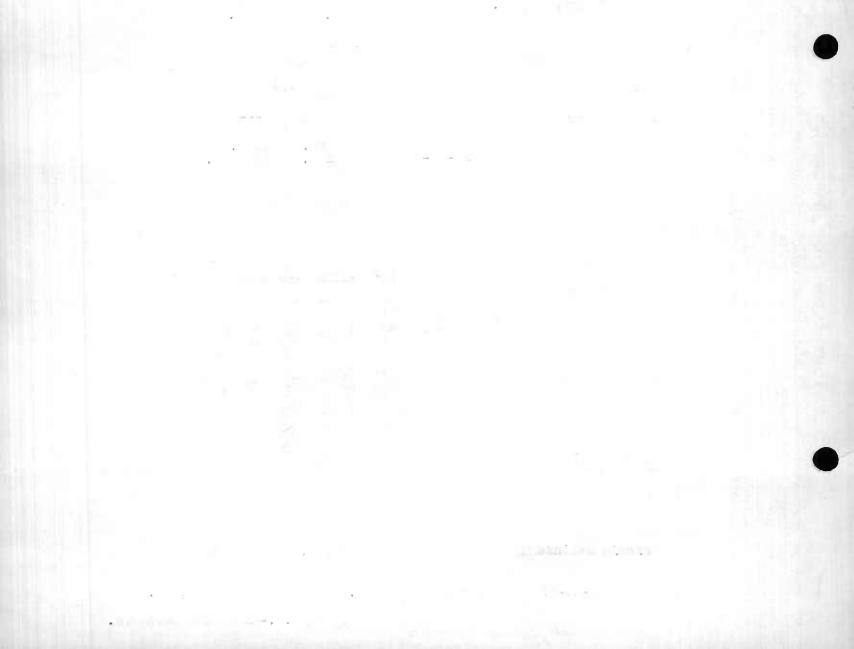
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It Under 24 Hrs.

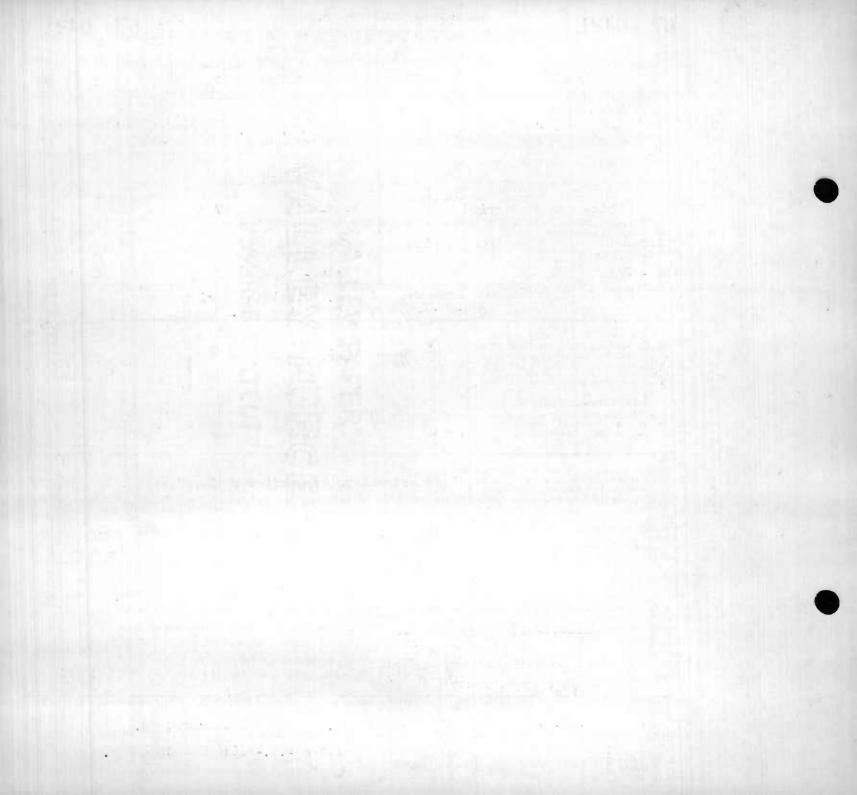
Hours



FUNERAL



(')	NAME OF DECEA pe or Print)	FRANCIS		CAMTION			y 13, 1967	D DEAD	4:50 P
	LL NAME OF	ORE, MARYLAND, W			A. STATE Mary	land	B. COU	NTY	dence before admission)
HC	SPITAL OR	ADDRESS OR LOCA	(TION)		Balt	imore	corporate limits, write	RURAL o	nd give lownship)
	/()	onthill Ave	nue		II.	fonthil	1 Avenue		Island.
	Male	White	Married, NEV	RCED (specify)	4-15-99	)	9. AGE (In years lost birthday)	Months	Doys Hours Min.
don		TION (Give kind of working life, even if refired)		Aluminum	Maryl  14. Mother's M	and	ca untry)	USA	T COUNTRY?
	Late - :				Late -	Sophie			
		EVER IN U.S. ARMED yes, give war ar date	s of service)	ecurity No. -03-7195A		izabeth lker Av	Campion	ADDRESS	
	(This does not heart failure, as injury or compli	OR CONDITION DI ADING TO DEATH meon the mode of thenic, etc. It meons cotion which coused  ECEDENT CAUSE: CONDITIONS, IF A	dying, e.g., the disease, death.)	(A) Fatty	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
TIFICATION	OTHER SIGNIFI TO THE DE DISEASE OR C	ROVE CAUSE (A) ST CONDITION LAST.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING	CONTRIBUTING				ascular Dis		
EDICAL CERTI	21 A. EXTERNAL CUNDERLYING OIL	R CONTRIB-	FORMED 21B. PLAC		Yes	HERE DID (IF	OB. IF YES, WERE FIN N CERTIFYING CAUS in Boltimore City, giv	ES OF DE	Yes
ME	(APPROX.)	Aonth) (Day) (Year	) (Hour) 21E. I		WHILE	W DID INJUR	Y OCCUR?		
	resulted	that I held an I	uses X Accid	ent Suicide	Hamicio	de Ur EDICAL EXA			DATE SIGNED
	ACTUAL SIGNATUR EXAMINER NAME (Typ	cham's	les S. Pet	tý	ASSOCIATE MI	EDICAL EXA	AMINER		1/14/67



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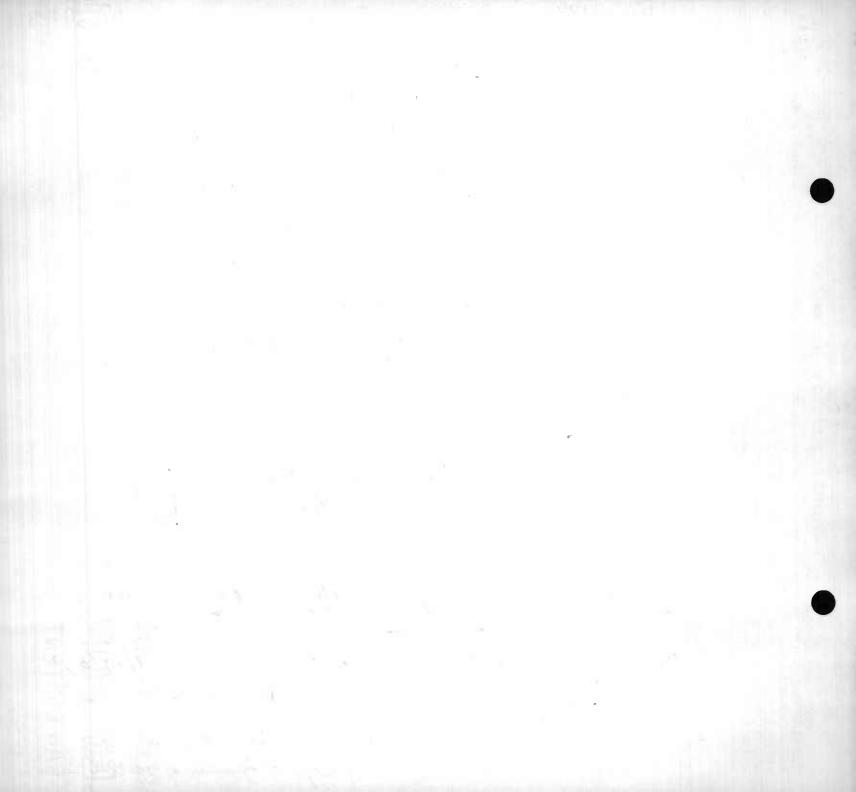
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

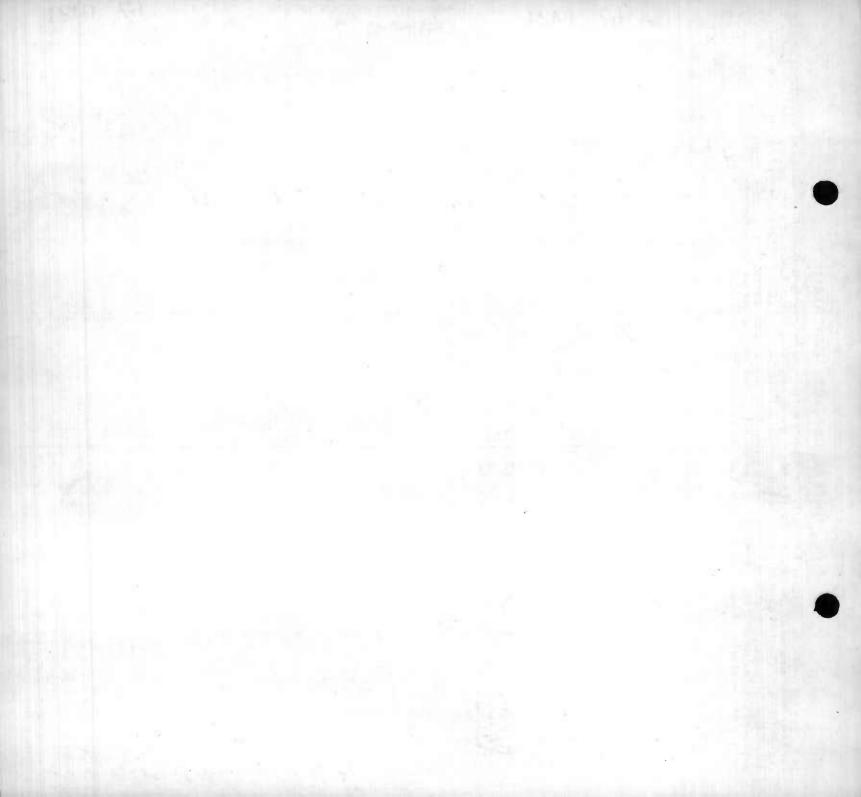
IMPORTANT

FUNERAL DIRECTOR:



DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

Richar Tack - Vin Cott Soul Com Halman Late & South Soul

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ered itu	

BIRT	TH NO. 66.2371	MEDICA	AL EXA	MINER'S C	ERTIFICATE OF	DEATH Registered	7 0426
_	E CASE NO.						
1. (Tv	NAME OF DECEASED			1	2. DATE AN	ND HOUR PRONOUNCED D	EAD
	YVONNE	Ξ	DA	AVIDSON (T		ry 7, 1967	M.
3. F	LACE IN BALTIMORE, M				4. USUAL RESIDENCE (Where A. STATE  Maryland	deceosed lived. If institution B. COUNTY	residence before odmission)
HO	LL NAME OF (IF NO SPITAL OR ADDR	OT IN HOSPITAL OF	R INSTITUTIO	N, GIVE STREET	C. CITY OR TOWN (If outside	de corporote limits, mite RUR	AL and give township)
1	44 Union 1	Memorial H	ospita]	Pac	Baltimore D. STREET ADDRESS (If ruro) 1618 Norm		
5. 5	Eemale Colo	WIE		VER MARRIED ORCED (specify)	NOV. 5. 196		Under 1 Yr. If Under 24 Hrs. Min.
	. USUAL OCCUPATION (Control of the during most of working life,		KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE (Syste or forei		CHIZEN OF WHAT COUNTRY?
12	FATHER'S NAME				DATIMORE 14, MOTHER'S MAIDEN NAV	ma.	
1	Arry E.	DAVIDS	ON		DAY DIE	SOMETVILL	15
15.	WAS DECEASED EVER IN	U.S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS 1618
	No	ve wor or goles or	Selvice	JECORITI NO.	DArbes S	omerville	Normal
	1B. C 2 / V			CAUS	E OF DEATH	0740741716	INTERVAL BETWEEN
	DISEASE OR CO	I NDITION DIRECT	n v				ONSET AND DEATH
	LEADING	TO DEATH		AInters	titial Pneumonit	is (SDII)	
	(This does not mean heart foilure, asthenia,	etc. It meons the	diseose,	DUE TO	T	······································	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	injury or complication v	which coused deom	•)				
		NT CAUSES		(B)			
	RISE TO THE ABOVE			DUE TO		***********************************	
7	UNDERLYING COND	ITION LAST.		(C)			
Ó		II		1 to fanonominana			
CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH B DISEASE OR CONDITI	CONDITIONS CON					
RTI	19A. DATE OF OPERATIO		ON FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No	20 B. IF YES, WERE FINDING	GS CONSIDERED
ü	21	WAS PERFORA	NED			IN CERTIFYING CAUSES O	
*AL	21 A. EXTERNAL CAUSE	WAS	21B. PLA	CE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City, give ex-	
8	UNDERLYING OR CONT	ATH.	etc.)	orm, foctory, street,	office bldg., INJURY OCCUR?		
Σ	21D TIME (Month) OF INJURY	(Doy) (Year) (	Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX.)		m. WHII	E AT NOT	WHILE VORK		
	22.   certify that	held an Inqui	ry 🗌 Ir	nspection Au	tapsy x and that an th	nis basis, death In my op	inlan
	resulted fram:	Natural causes	X Acci	dent Suicio		Undetermined manner	
		1/2/1/	1	1	CHIEF MEDICAL E		
	ACTUAL	KASU	TILL	de	ASSISTANT MEDICAL E		DATE SIGNED
	SIGNATURE EXAMINER'S	100	0001-	M. D	ASSOCIATE MEDICAL E		1/8/67
	NAME (Type)	Rudiger B	reitene	cker, M.D.	AJJOCIATE MEDICAL E	AAMINEN _	1/0/0/
	BURIAL CREMATION,	23B. DATE	23C. N	AME of CEMETERY	or CREMATORY 23D.	LOCATION (City, town	, or county) (Stote)
7	Buriph	1-13-	67 M	TO CALVA	dry CEM. 1	1.4. COVNTY	, md.
24/	DATE REC'D BY HEALT	H DEPT. 24	NAME OF	REGISTRAR	24C. FUNERAL DIRECTO		ADDRESS 1, 29
	JANI	L 6 1967 (1	Cut.	2. FarleyM	mill-	2. Elich	on Nichml
VS	151-REV. 1/1/65		7 0	1	THE THE PARTY OF T	2	

Nov. 5, 1966 Balinare, Ind. Parbie Somerville Larry E. Pavidson Darbes Somerville No Burnot 1-13-67 MT. Calvary CEM. D.L. County

J. 17" Buch Marcha Wil 1311 H. Ellins ! Junifest Welater Provider Colored States

0300	BALTIMORE CITY HEALTH DEPARTMENT	0400
BIRTH NO. 67 0428	CERTIFICATE OF DEATH Registere	d No. 067 0428
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF D	DEATH
(Type or Print) GORDON DRAKE  3. PLACE OF DEATH IN BALTIMORE MARYLAND	1/1	0/67 1 1:10 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased live A, STATE B, COUNTY	ed. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give s	1110000	× ×
HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
Too N. Broadury	BALTIMORE	3-01
baltemore	D. STREET ADDRESS (If rurol, give locati	
CHURCH HOME AND HOSP	ITAL 30 N. CAROLINE	
AA FEBRUAR	VORCED (specify) lost birthdoy)	Months Doys Hours Min.
OA, U SUAL OCCUPATION (Give kind of work 10B, KIND OF BUS)	WN WNKNOWN 72 INESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if relired		WHAT COUNTRY?
filmen	UNKNOWN	W.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNKNOWN	WNKNOWN	
	SOCIAL 17. INFORMANT	30 DODRESS
no	o with king (Friend	) 30 D. Caroline ST.
18. / 5 9 × 1 86	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	120	
	ACUTE RENAL FAILURE	DAYS
(This does not mean the made of dying, e.g., heart failure, asthenia, efc. It means the disease injury or complication which caused death.)	28	
ANTECEDENT CAUSES	SEDERE DEHYDRATION AND IN	UFECTION DAYS
DISEASES OR CONDITIONS, if any, giving	DUE TO	2 .
rise to the above cause (A) stating the	Do GUSTRO I NTESTMAL BUE	eding - days
UNDERLYING CONDITION last,	Sue to Malignancy with	potable metostoris-year
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		
TO THE DEATH BUT NOT RELATED TO THE	To the state of th	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION 20A. AUTAPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED
	X/8	
OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Brown, foctory, street, office bldg., INJURY OCCUR?	collimore City, give exact location)
O DEATH (notify medical examiner) etc.)		
OF INJURY	JRY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At	Not While Al Work	
22. I certify that (1) (this hospital) attended the de	oceased from 1/6 19 67 to	1/10 1967,
that (I) (we) last saw the deceased alive an		ur) opinion deoth occurred on the dote
ond hour and from the couses stated above. (1) (We	•	
23A. SIGNATURE		23B. DATE SIGNED
Jorna Lenefle	M.D. Attending Med. Stoff Phys. Phys.	1-10-66
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS del	a dellastita
NAME (Type) A/ORMA PINA	THOR M.D. CALLER HO	Lian Dolly
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	OF CEMETERY OF CREMATORY 24D. LOCATION	(City lown, or county) (Signe)
BUDGE (Specify)	B. A. On X	bon no
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR 125 PHINERAL DIRECTOR	ADDRESS
JAN 16 1967 (P.P. 2 2.	Jarlands Ct. 7. 610	in a Bu other has
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IMPORTANI

FUNERAL

VS 150-REV, 1/1/65

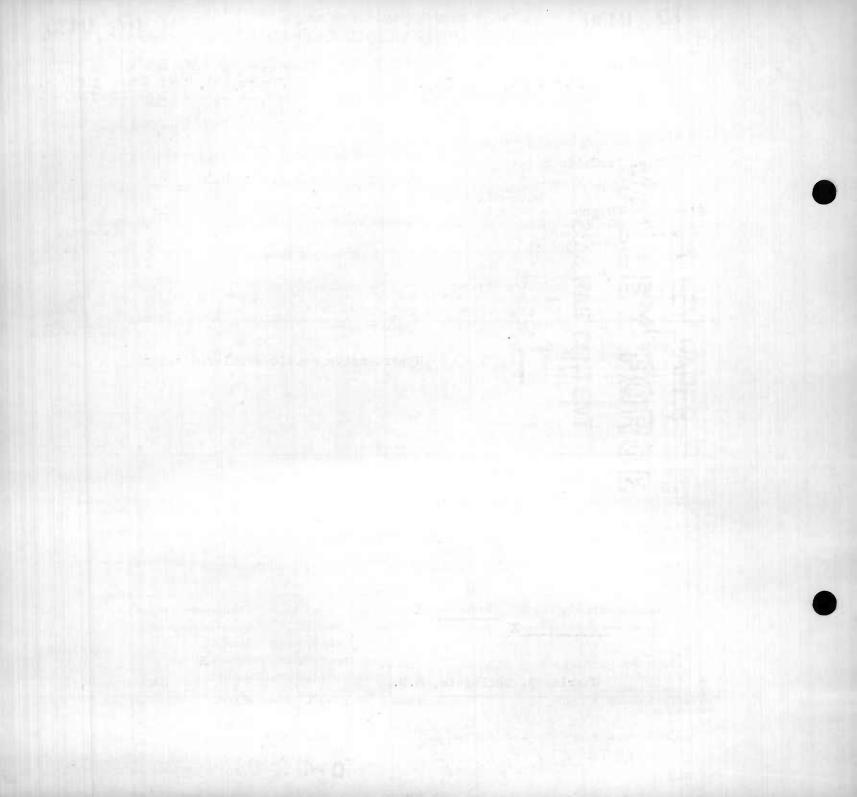
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

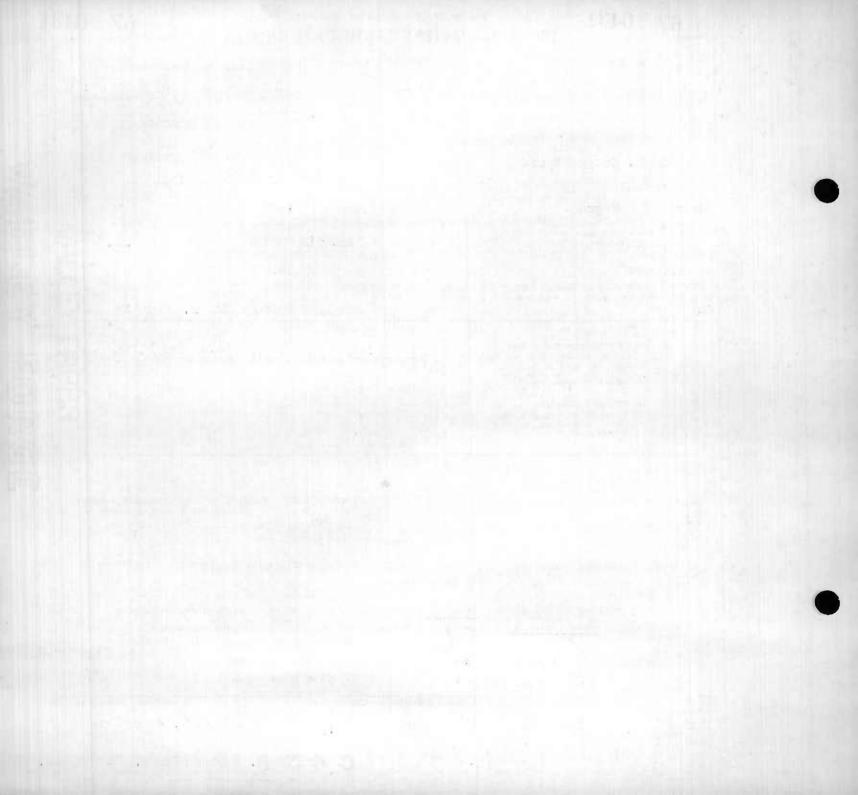
ADDRESS

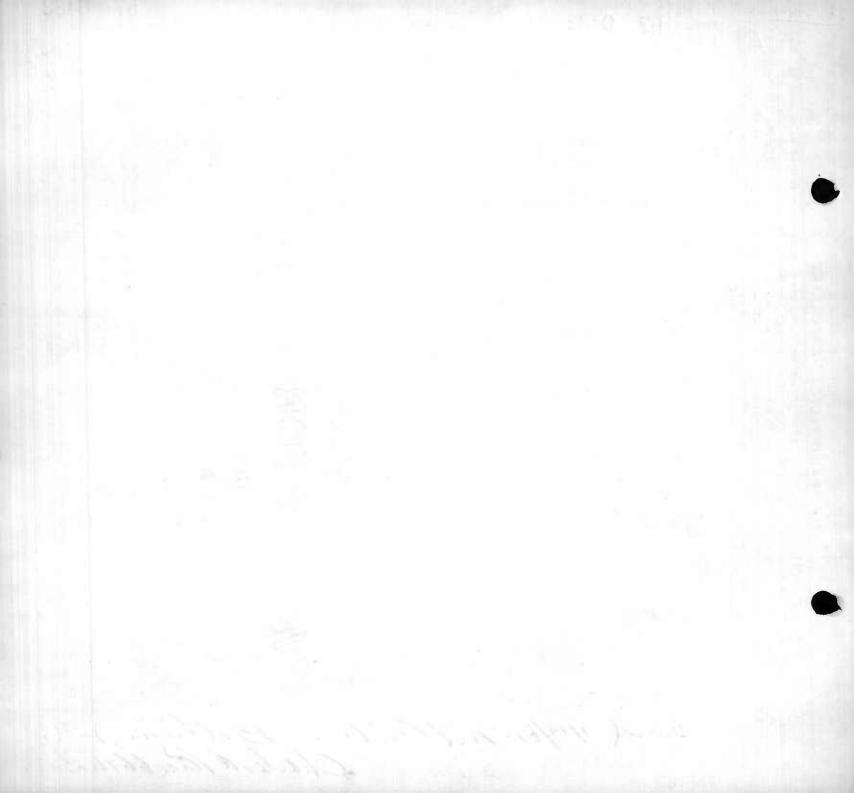


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-	E CASE NO.	ACED					10.000		D DIAD		
ίŤy	pe or Print)	ASED	FLORE	NCE	ROBINSON	Marie 1		ary 12, 1967		11:35	Λ
3.	PLACE IN BALTIA	ORE MARY				III. USUA	L RESIDENCE (Where				
						A. STATI	Maryland	B. COU	NTY		
FU	LL NAME OF	(IF NOT I	OR LOCA	L OR INSTITU	TION, GIVE STREET	C. CITY	OR TOWN (If outside	corporote limits, write	BURAT	and give town hi	ip)
IN.	STITUTION				(				0	-	
100	A 000 TT	T1	1 C			D. STREE	Baltimore T ADDRESS (If rural,		-		
	902 W.	Frank	1111 3	treet							
5. :	SEX 6.	RACE		7. MARRIED.	NEVER MARRIED	B. DATE O		9. AGE (In years		er 1 Yr. If Under	24 Hrs.
					NORCED (Specify)		. h 18/21	last birthday) -	Months	Doys Hours	Min.
104	Female	Negr		TOR WHID OF	MYX	NO)	PLACE (State or foreign	74	12. CITI2	TEN OF	
	e during most of war			5	BUSHIESS OK HIDUSIK	12.	AA -	20011197		AT COUNTRY?	
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13.	FAIRERS NAME	1	1			14. /// / /	ER'S MAIDEN NAME				
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	s, no ar unknawn) (I				SECURITY NO.	IV. INIOR	MANT PO	1.	AUUKES	7	
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	DISEASE	OR COND	ITION DI	ECTLY						ONSE! AND	DLAIII
		EADING T		district or a	(A) Hyper	tensi	ve cardiovas	cular disea	se		
	(This does not heart failure, a injury or comp	sthenia, etc.	It means	the diseose,	DUE TO						
	injuly of comp	inconon ward	n causea i	leom.)							
	The second second second	TECEDENT			(B)						
	RISE TO THE	ABOVE CAL	JSE (A) ST		DUE TO						
7	UNDERLYING	CONDITIO	ON LAST.		(C)						
Ö		11	-				*				
X		FICANT CO		CONTRIBUTIN							
F	TO THE D			ATED TO TH	1E			**			
ERTIFICATION			19B. CON	DITION FOR W	HICH OPERATION	20A. A	UTOPSY? (Yes ar Na)				
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N N	21 A. EXTERNAL UNDERLYING C			21 B, P	LACE OF INJURY (e.g., form, foctory, street,	in or about	21C. WHERE DID	f in Boltimore City, giv	e exact l	acotion)	
MEDIC	UTING CAUSE	OF DEATH		etc.)	Tolling Toology, Shoot,	amee maga	THE SECOND				
Σ	21 D TIME (	Month) (D	oy) (Yeor	(Hour) 21	E. INJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?			
	OF INJURY (APPROX.)			w	HILE AT NOT	WHILE					
	22.			m. W		ORK			-		
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	resulte	d from: No	stural cou	ses X A	ccident Suicid	e l	Hamicide U	ndatermined manne	r		
	Toplano.	11	1	0	1 - 1	СН	IEF MEDICAL EX	AMINER		DATE SIG	NED
	SIGNATU	RE (M	alls	. J	s zut M.D	ASSIST	ANT MEDICAL EX	AMINER X		DATE SIG	NED
	EXAMINE	210	02100	c cons	ngate, M.D.		ATE MEDICAL EX	AMINED		12 10	067
	NAME (Ty	pe/							anuar	ry 12, 19	707
	MOVAL (Specify)	ATION, 23E	DATE	230	NAME OF CEMETERY	CREMAT	ORY 23D. LC	CATION (City,	tawn, of	county) (S	Stote)
0	Burins	2 /	1-16	69	net merce	Cert	F	sello 1	nex		
24	A. DATE REC'D B	Y HEALTH	DEPT.	24B, NAME	OF REGISTRAR	24C.	FUNERAL DIRECTOR			ADDRESS	
	1	ANIG	1967	RO. A	E. Farley MA	1 8	March 1	11	n	AA.	14
	<u> </u>	1111 7 0	1007	ARCON	( / ( )	014	Sand Chan	usor jour	1	Muly	_



1.	NAME OF DE	CEASED					2. DATE AND	HOUR PRONOUNC	ED DEAD	
		JAME		ohn	McNIS		Janua	ary 15, 196	57	4:10 A M.
3.	PLACE IN BAL	TIMORE, MARYLA	AND, WHE	RE PRONOU	INCED DEAD	A. STATE	ESIDENCE (Where do Maryland	eceosed lived. If inst B. COL	titution: residenc UNTY	e before odnission)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN ADDRESS O	HOSPITAL	OR INSTITU	TION, GIVE STREET			corparate limits, write	e RURAL and g	jive township)
							Baltimore			
1	1534	N. Carey	Stree	t			1534 N. Ca	arey Street	:	
5.	SEX	6. RACE			NEVER MARRIED DIVORCED (specify)	8. DATE OF		9. AGE (In years lost birthday)	If Under 1 1	fr. If Under 24 Hrs.
	Male	Negro	· ·	IDO WED, L	or voke ED (specily)		1887	79	Total III a	1 110013
	one during most of	working life, even if		B. KIND OF	BUSINESS OR INDU				12. CITIZEN C	QUNTRY?
13	Longsh	noreman	0415	4		Jama	CIA BW.	<u> </u>	U.S.	P.
	Unkno	own				U:	nknown			
		ED EVER IN U.S.			16. SOCIAL SECURITY NO.	17. INFORMA	NŤ		ADDRESS	
	No					Mable	e Cumbagh	n 25 S. M	Morely	St
	18. 4	2./1		FIN	CA	USE OF DEATH				ERVAL BETWEEN
	DISEA	SE OR CONDITI	ION DIREC	CTLY						
		ary Dillo 10								
	(This does	not mean the m	node of dy	ying, e.g.,	(A) Arte	eriosclero	tic Cardio	ovascularDi	isease.	0.000 = v 0.000 0.1 = v 0.000 0.00 0 = v 0.000 0.000
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IMPORTANT

DIRECTOR:

FUNERAL

CHURCH HONE ALD HOSPITAL THE ELEMENAD 1-28-19 57 M W N. 3 . 11 TECHNOMN ELECTRIC NEW ZEALALD OWEN G FORREST ETHEL

WEEKIN Company Heart Failer tong the DIMPETES MELLITUS 48725

1/14

ROPINA PERPERS

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2.2

1-1-	2 5 6 E	M.E. CASE NO. 67 0436 CERTIFICATE OF DEATH Registered No. 67 0436
	of death Occeased e on the	I, NAME OF DECEASED  (Type of Print)  2. DATE, AND HOUR OF DEATH
	hospital use of d (5) Dece	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decesed lived, If institution; residence before admission)
	S	FULL NAME OF (If not in hospital or institution, give street
	a ho cause se; (5 endan to de	HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL god give township)
		Manyland Farend Hospital D. STREET ADDRESS All rurol, give location)
	D.=	48 - 3536 Dreammount Ave
	contribution contribution contribution determined in regular eccased prismade.	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   1 under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Sirale   1 2/3/1679   1 ost birthdoy)   7 Months Doys Hours Min.
	or condete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?
	if deect of the was	13. FATHER'S NAME
Z	dire dire d; (4 ath on 1	15. Was Deceased Ever in U. S. Armed Foices? 16. SOCIAL 17. INFORMANT ADDRESS
IMPORTA	assistant if the di yy kind; d death lance on r final di	(Yes, no or unknown) (If yes, give wor or doles of service)  203-09-1329  To a Chart
Ö	his as so, if if any inced endai	18. 5 7 2, 21 CAUSE OF DEATH
¥	<u> </u>	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  OF THE STATE OF THE ST
	F . D O F B	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
CTOR:	miner fract o pr gula	ANTECEDENT CAUSES  (B) Do by droto in the course of the co
DIRECT	exa exan 3) A wh n re are	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C) (C) (C)
<u>=</u>		UNDERLYING CONDITION last.
UNERAL	beri buri buri buri buri chysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
JNE	chiefy a n Body the prysicie	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSYP (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
T	y the ital by e; (2) /here No ph befor	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	Sp v (Sp	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) White At   Not White   At Work
	pproved the ho any nat (except ; and (c	22. I certify that (t) (this hospital) attended the deceased from 17 1967 to 1 12 1967
	0 0 0 0	that (H) (we) lost saw the deceased alive an 1 / 12 ond that in (my) (our) opinion death occurred on the date
	be ed not not pit pit sat	ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death.  23A (SIGNATURE)  23B DATE SIGNED
	P P P P P P P P P P P P P P P P P P P	M.D. Attending Med. Director Phys. 1/2/67
	certificate m body was relives: (1) An acci D.O.A. at a b assed prior to	23C. PHYSICIAN'S NAME (Type) D. Zickafoss M.D. M.J. Fan.
	dy w	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (Stote)
	This certification of the body shows: (1) was D.O. deceased written a	Burial 1-16-67 Lorraine Park Baltimore Md.
	This the k show was dece	H.W. Jenkins & Sons Co. 4905 York Rd.
		vs 150-REV. 1/JAN 16 1967 (Color S. Md.

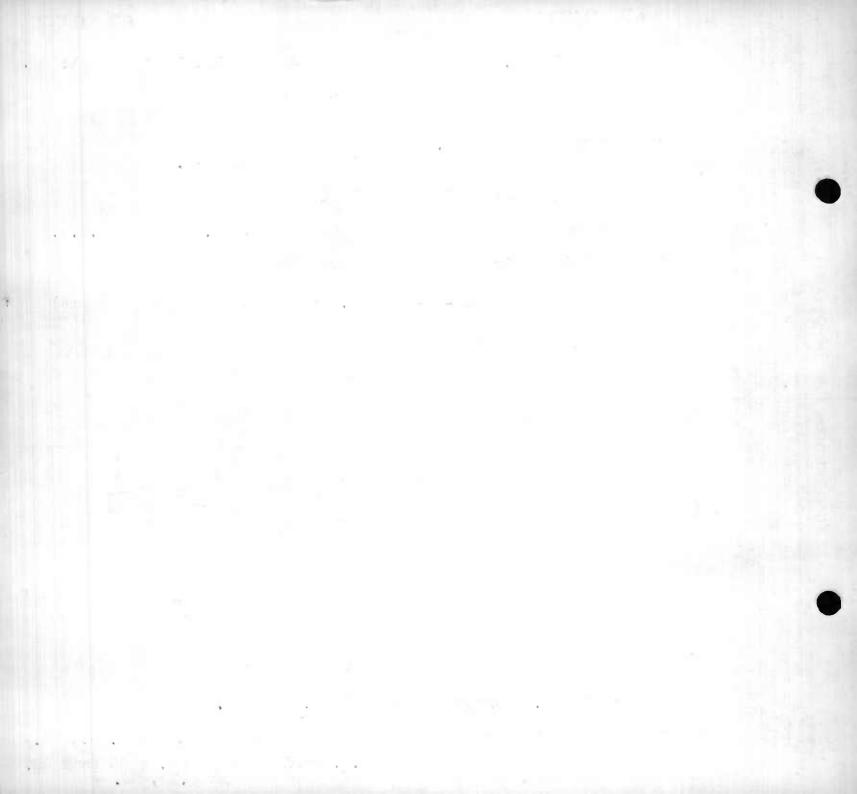
BALTIMORE CITY HEALTH DEPARTMENT

The words will be a

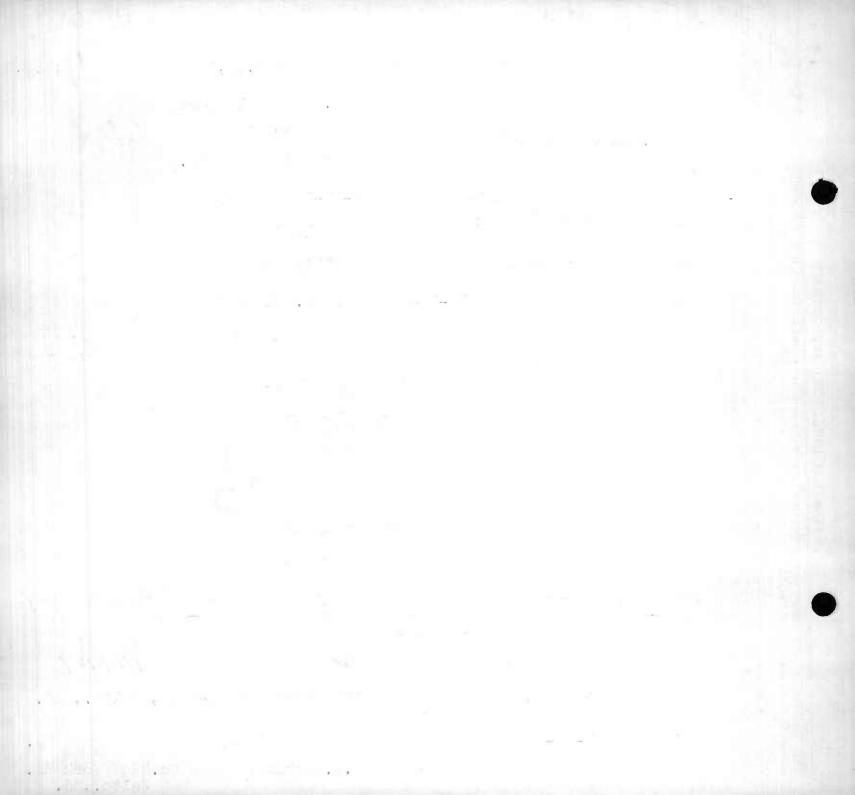
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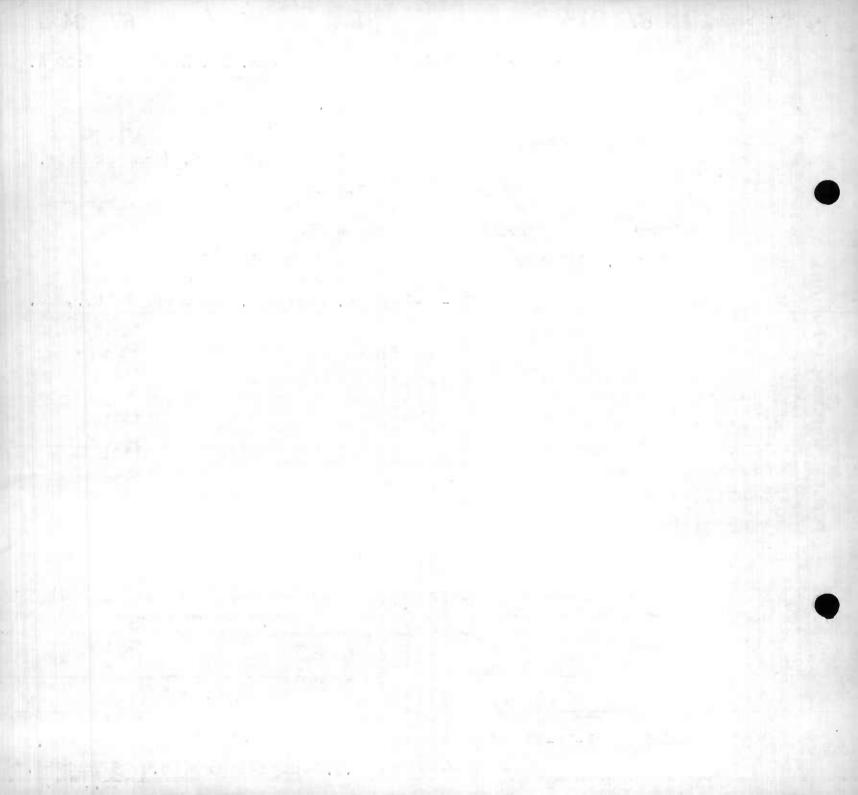
DIRECTOR:

FUNERAL



HANDE VIEWERING HOLD OUT SHEET WORKE 330 ST. LHKSTAN RD. MARRIED 05-30 1815 71 MALE WHITE WHEN THE STREET AHRORD STEHCKER JOHN BRER anterior myseerday expertion Caroling artinocolouring Mergalita, m. de 531 14 SHILLS ES LA NOVE ES X HIJEN X Fri Stycethe Bermer 



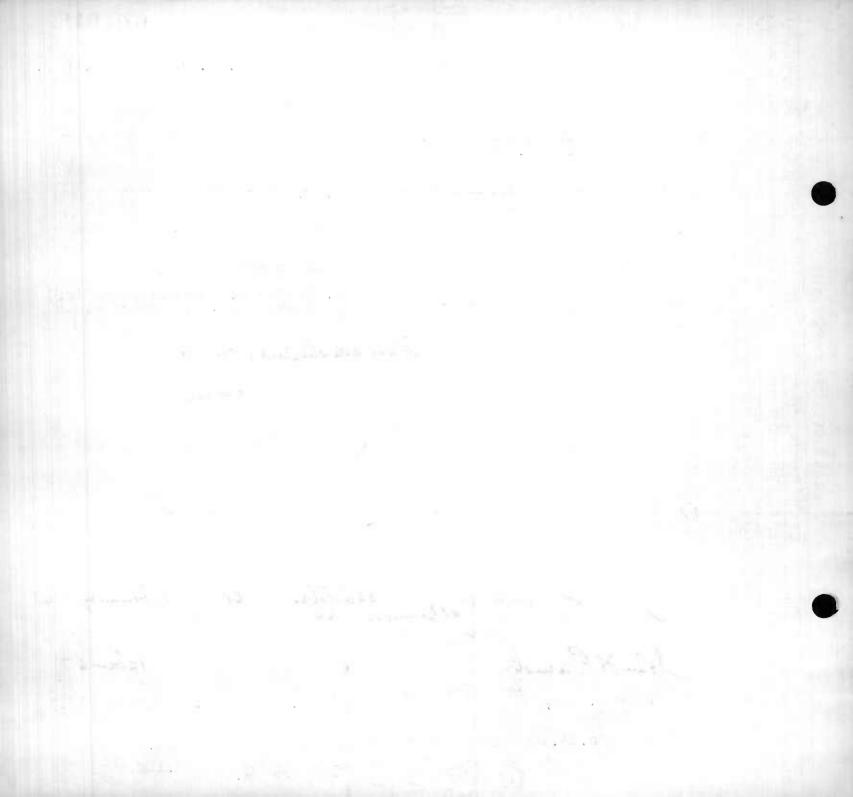


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TE TOLE SPINL

FUNERAL DIRECTOR: IMPORTANT

	67 0443		BALTIMORE CITY	HEALTH DEPARTMENT		00 0440		
BIRTH NO. M.E. CASE NO.			CERTIFICA	TE OF DEATH		67 0443		
1. NAME OF DEC				2. DATE	AND HOUR OF DEATH			
		REBEC	CA GONTRUM		Jan. 11. 196	67   12.40 P.		
PLACE OF DE	PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Where deceased fixed. If institution; residence before admission A. STATE B. COUNTY			
					ONT			
FULL NAME O	oddress or location	t institution	n, give street	Maryland C. City or Town (If outside city limits, write RURAL and give township)				
NOITUTITZMI				Baltimore 21218				
O Har	ford Garden O Harford F	s Nu	rsing Home	D. STREET ADDRESS (If rure), give location)				
470	0 Harford F	Rd. Ba	altimore	2705 Hugo				
5. SEX			D. NEVER MARRIED (ED. DIYORCED (specify)	B. DATE OF BIRTH	9. AGE (In years fost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.		
Female	White	Wide	owed	Sept. 15.187	7 89			
OA. USUAL OCC	UPATION (Give kind of work	10B. KIND	OF BUSINESS OR INDUSTRY			12. CITIZEN OF		
lone during most of	working life, even if retired)					WHAT COUNTRY?		
Housewife			Chambersbu	rg, Penna.	USA			
3. FATHER'S NA	ME			14. MOTHERS MAIDEN N	AME			
George	Lippy			Anno Mal	one			
	Ever in U. S. Armed Force	2	117 20014	Anna McK	alle			
a, was Deceased Yes, no or unknown	(If yes, give wor or dotes	of service	1 6. SOCIAL SECURITY NO.	Mrg Munt	o O Hemera	ADDRESS		
no		22		2705 Hug	o Ave Bolt	th (daughter) timore 21218		
18. // 0	7.1		OF DEATH	O AVE. Dal	INTERVAL BETWEEN			
72	2.1					ONSET AND DEATH		
DISEA	SE OR CONDITION DIR	ECTLY	D-H	· 1 1.	1.			
(This door a		duine a	(A) Cliller	o seurolic Can	ho Mascular	000		
	osthenio, etc. It means		g., DUE TO					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)  ONSEI AND DE  ONSEI AND DE							
	ANTECEDENT CAUSES		(B)		albease	***************************************		
DISEASES	DISEASES OR CONDITIONS, if any, giving							
	e obove couse (A)		•					
	G CONDITION Iosi.	3	1 % f 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MWHAN X MPAS A CA CO	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	11							
OTHER SIGNI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE D	EATH BUT NOT RELAT	TED TO	THE					
	OPERATION 1198, CONT		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WEDE	FINDINGS CONSIDERED		
E	WAS PERF		THE THE PART OF	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FILL IN CERTIFYING CAU		USES OF DEATH?		
× 21 A 1 2 2 2 2	W 1446 UNIS 551 1111 5	, .	10.00	no				
OR CONTRIBI	TING CAUSE OF	2 h	1B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o	in or obout 21 C. WHERE DID (If in Boltimore		e City, give exact location)		
DEATH (notify	medical examiner)		tc.)					
21D. TIME	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY			21F HOW DID	NILLEY OCCUP?			
S OI HUSOKI	OF INJURY		21E. INJURY OCCURRED 21F. HOW DID INJURY OCC		NJOKT OCCUR:			
(APPROX.)			Vhile At Not While Nork At Work					
22 1	shoe (I) (shie barely	naan-de t	Abo donno A	22 Water	1960 to /	1 /21112211 10/7		
	that (1) (this bospital)			ZZ WELFUV		January 196/		
that (I) (y/6)	last sow the deceased	alive on	22 Meenty	19.66 ond	that in (my) (por) opi	pian death occurred on the		
and hour one	from the couses state	d above.	(I) (We) (did) (did not)					
23A. SIGNATU		A				23B. DATE SIGNED		
	0 1/15	1/	M.D. All	ending Med.	Stoff			
tol	un Marie	267	M.D. Phy	s. Director	Phys.	12 par 6/		
23C. PHYSICIA	N'S	1		23D. ADDRESS				
NAME (T	OHN W. BARN	ARV	M.D.	1527 E Ma-	nth Arra Dar	44		
		nDI			rth Ave.Bal	timore 21213		
4A. BURIAL CRE	MATION, 24B. DATE	24C.	NAME of CEMETERY of CR			ity, town, or county) (State		
		060 -						
Burial	Jan.14.1		orraine Park	Cemetery	Baltimore M	d		
SA. DATE REC'D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25B, NAME	OF REGISTRAR	HEN BY SA NIT	OR P CONT	ADDRESS		
	JAN 16 1967	OC. C.	BE Stalley Ma	Bautimore	DER & SONS.	INC.		
/S 150-REV. 1/1/	65				AANA			
	-							



H-200

	67 0444	BALTIMORE CITY HEA		DIOPS 0444		
	E. CASE NO.	DICAL EXAMINER 5 C	ERTIFICATE OF DEATH Registere	ud A Griss		
1.	NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED	DEAD		
(Ту	Pe or Print HERBERT CI	LINTON HAX	January 10, 1967	17:45 PM		
3. 1	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institut	ion: residence before admission		
PII	II MANE OF UE NOT IN HOS	BITAL OR INSTITUTION CIVE STREET	A. STATE B. COUNT			
HC	LL NAME OF (IF NOT IN HOS DSPITAL OR ADDRESS OR LC STITUTION	PITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
III.	. / 1		Baltimore 21215	15-11		
	H + Union Memor	ial Hospital	D. STREET ADDRESS (If rurol, give locotion)			
			3803 Cederdale Road			
5. !	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)		If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.		
1	Male White	married	Sept.10.1895 71			
			Y 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF		
	ne during most of working life, even if retire Salesman	ed)	Baltimore Md.	WHAT COUNTRY?		
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0021		
]	Louis Hax		Josephine ?			
	WAS DECEASED EVER IN U.S. ARA		17. NUORMANT Mrs. Grace C. Hax (wife	PDRESS		
(Te	yes W.W. I	1 21 21.10	3803 Cedardale Rd. Balt	imore 21215		
	Olsease or Condition LEADING TO DEA (This does not mean the mode heart foilure, ostherio, otc. It mo injury or complication which cous  ANTECEDENT CALL DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A	DIRECTLY ATH  of dying e.g., cons the disease, ed death,)  JSES  F ANY, GIVING  DIRECTLY  (A) Hyper  DUE TO	E OF DEATH tensive Cardiovascular Disease	ONSET AND DEATH		
7	UNDERLYING CONDITION LA	ST. (C)				
ē	H					
CERTIFICATION	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO THE				
CER	19A. DATE OF OPERATION 198, C	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES			
_						
FDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give	exact location)		
MEDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	Nome, form, foctory, street, etc.)  Year) (Hour) 21E. INJURY OCCURRED  WHILE AT NOT	in or obout 21C. WHERE DID (If in Boltimore City, give	exact location)		
MEDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) ( OF INJURY	Yeor) (Hour) 21E. INJURY OCCURRED  WHILE AT NOT AT V	in or about 21C. WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?			
MEDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) ( OF INJURY (APPROX.)  22.	Year) (Hour) 21E. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	in or obout 21C. WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  WHILE	opinian		
MEDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) ( OF INJURY (APPROX.)  22.  I certify that I held an	Year) (Hour) 21E. INJURY OCCURRED  WHILE AT NOT AT VORK  Inquiry Inspection Aucauses Accident Suicide	in or about 21 C. WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  WHILE ORK  and that on this bosis, death in my	opinian		

Loudon Park Cemetery

Burial Jan. 14. 1967 Loudon

24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR

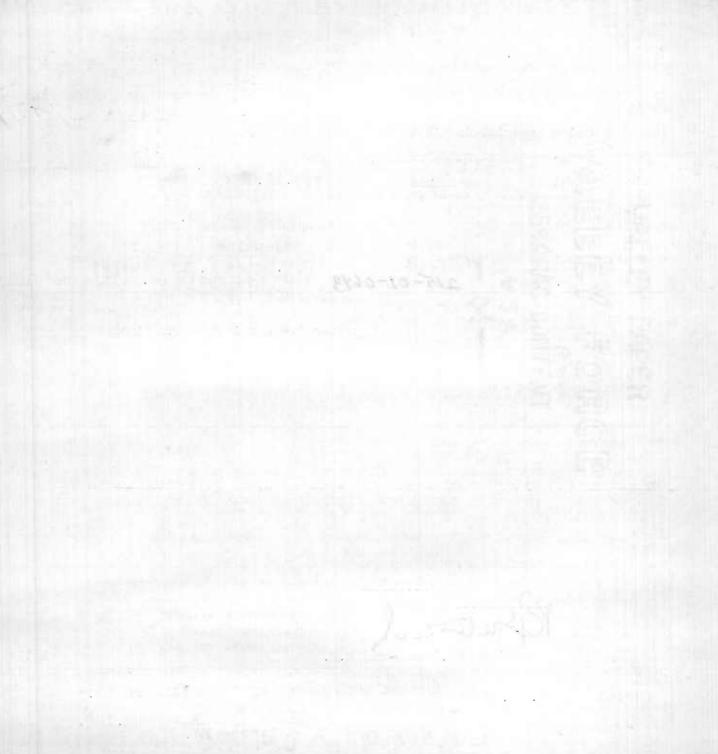
VS 151-REV. 1/1/65

JAN 16 1967 Robert E. Jangens

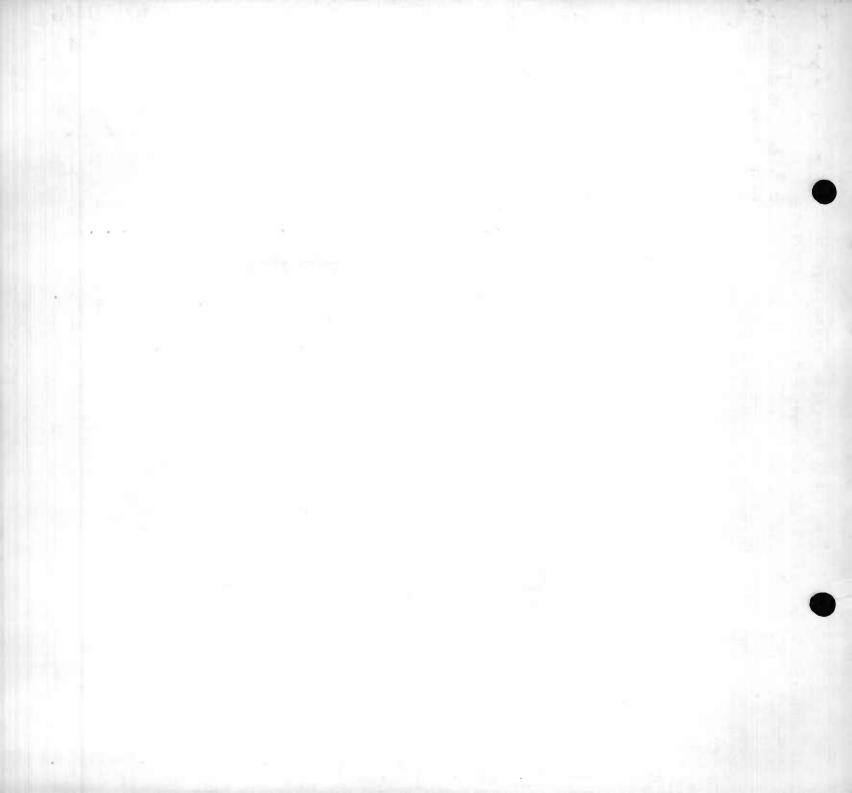
Baltimore Md.

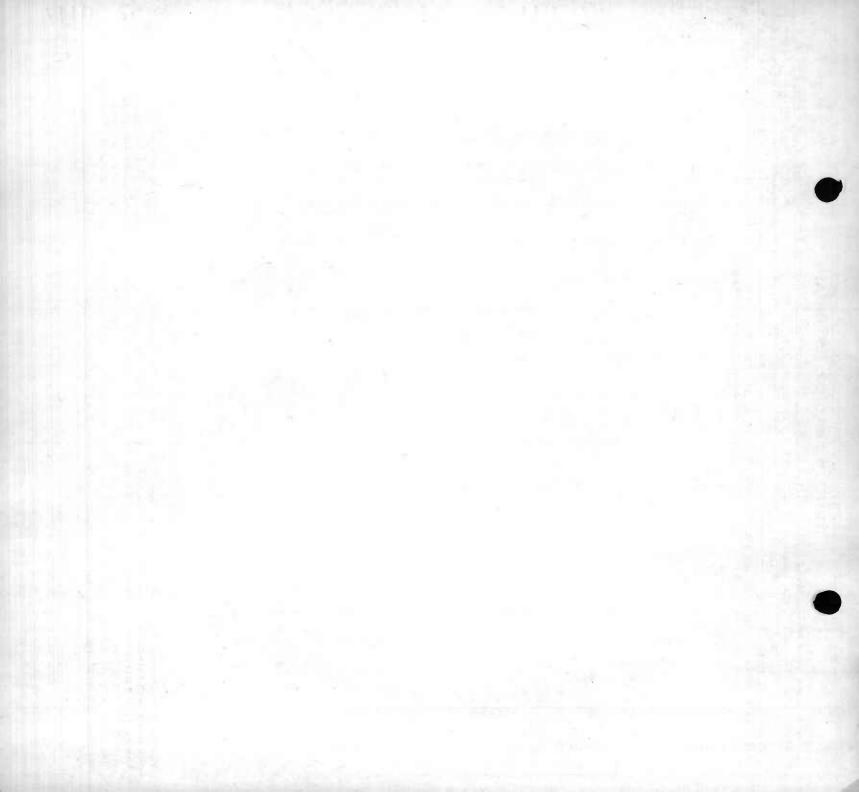
ADDRESS

HENRY SANDER & SONS.INC.
Baltimore Md.



Francisco Contractor Strategy Programmer Strategy Programmer Programmer Strategy Progr





IMPORTANT

DIRECTOR:

FUNERAL

THE BUT DON'T STORY a si su su son a 151 4 Digital and a 22 PM LANG MEN NO 1997 12 D reserved the unity Cult. Since Addition The August State of the State o The state of Bryan 57.57.11

M.E. CASE NO. I. NAME OF DECEASED

(Type or Print)

HOSPITAL OR

Female

13. FATHER'S NAME

 $\overline{\circ}$ 

21 A. EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB-

6. RACE

INSTITUTION

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2. DATE AND HOUR PRONOUNCED DEAD VENA Gambell GOBLE: GOBLA January 15, 1967 1:45 A 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give location) Mercy Hospital 1022 E. Lombard Street B. DATE OF BIRTH 9. AGE (In years lost birthday) 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) Months, Doys, Hours, Min. White Apr. 30, 1922 Separated 10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired)
Housework WHAT COUNTRY? Virginia North Carolina 4. MOTHER'S MAIDEN NAME John Frank Gambell Jannie Casev ADDRESS 17. INFORMANT 16, SO CIAL SECURITY NO. Mrs. Jannie Higgins, Jessop, Md, INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar Pneumonia. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fatty Liver. DISEASE OR CONDITION CAUSING IT. ERT

UTING CAUSE OF DEATH. 21 D TIME 21 F. HOW DID INJURY OCCUR? (Month) (Doy) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK Partial 22. Inspection Autapsy X I certify that I held an Inquiry resulted fram: Natural causes X Accident Suicide

and that an this basis, death in my apinian Hamicide Undetermined manner

ACTUAL all SIGNATURE.

19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION

WAS PERFORMED

CHIEF MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

Yes

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?

1/15/67

EXAMINER'S Charles S. Petty NAME (Type) 23A. BURIAL CREMATION, 23B. DATE

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION (City, town, or county)

(Stote)

DATE SIGNED

Yes

18, 1907 Burial 1967 Prospect Hill Cemetery Towson, Maryland 24C. FUNERAL DIRECTOR ADDRESS

Wm. Cook-Brooks, Inc., 1217 St. Paul St.

20A. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED

IN CERTIFYING CAUSES OF DEATH?

VS 151-REV. 1/1/65

REMOVAL (Specify)

ENDER SOUNT

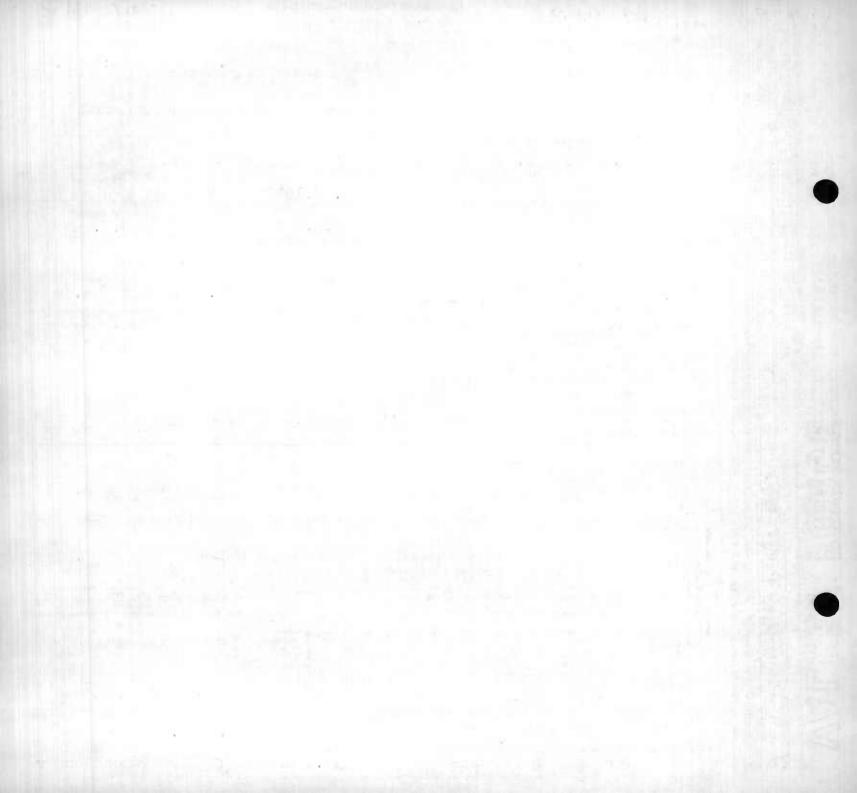
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			BALTIMORE CITY	Y HEALTH DEPARTM	NENT	67 0454
BIRTH NO.	67 045	51	CERTIFICA	TE OF DEA	TH Registered	No. UtoI
M.E. CASE NO.  1. NAME OF DE (Type or Print)	CEASED	A 4 1		2. 🖸	TATE AND HOUR OF DEA	ATH
	Velyia (		Brien		Jan. 13, 1	967 112:55 PI
3. PLACE OF DI	EATH IN SALTIMORE, MA	RYLAND			CE (Whore deceased lived. B. COUNTY	tf institution: residence before edmission
FULL NAME HOSPITAL OR		or institution.	give street	Marylan		
INSTITUTION				Bulting		rite RURAL and give township)
Maryl	and Gener	al Ho	spital	D. STREET ADDRESS		1
42			0.00	2630 N	1. Calvert ST	
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
F	W	al .	or married	1/6/86	lost birthdayl	Monnis Boys Hours Min.
	CUPATION (Give kind of world working lile, even if retired)				e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
registo	+ operater			Marylan	d	4.S.A.
3. FATHER'S NA	10 1 41			14. MOTHER'S MAIL		
John	O'Brien				McCommins	
5. Was Decease	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	760	Gwyndale Ave
No			216-10-3591	John O'Bri (Nephew)	764	owyndale Ave.
18. 4	90X1			F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY	n		101	4
(This does	not mean the made of	dvina e a	(A) Phe	ennococca	1 Septices	La Ldays
heort foilure	, osthenia, etc. Il means	the disease,	501.10			1
injury or co	ANTECEDENT CAUSES		(B) Lob	ar Pheun	onia LLI	- 4 days
DISEASES	OR CONDITIONS, if		DUE TO			
rise to I	he abave cause (A)		(C)			700000000000000000000000000000000000000
UNDERLYIN	IG CONDITION Iosi.					
Z OTHER SIGN	II NIFICANT CONDITIONS (	CONTRIBUTING	G			100
E TO THE	DEATH BUT NOT RELATED TO THE PROPERTY OF THE P	ATED TO TH	F A	etrol un kab	un	
19A. DATE O	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY?	es or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE O				N	0	
OR CONTRIE	ENT WAS UNDERLYING	hom	PLACE OF INJURY (e.g., i o, form, foctory, street, o	office bldg., INJURY OC	E DID (If in Bolt CUR?	imore City, give exact location!
U ,	fy medical examined	etc.				
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED  ile At  Not Whi		DID INJURY OCCUR?	
(APPROX.)		Wo				
22. I certif	y that (1) (this hospita	1) attended t	he deceased from	Tan. 11	1967 to	Jan 13 1967
that (I) (we	) last saw the decease	ed alive an	Jan. 13	19.6.7	and that in (my) (aur)	apinion death accurred on the da
and hour a	nd from the causes sta	ted above. (I	) (We) (did) (did nat)	view the bady after	death.	
23A, SIGNAT	URE /	97	////		6. //	23 B. DATE SIGNED
10.1	Muchael	for	M.D. Att		or Stoff Phys.	1/13/67
23C. PHYSICI NAME	(Type)			23D. ADDRESS		
	W. Michael	Gould	M.D.		eneral Hosp I	Ralto Md
4A. BURIAL CR REMOVAL	EMATION, 248. DATE	24C.N	AME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or county) (State)
Burial		7 Nev	Cathedal Co		Baltimore, l	
SA. DATE REC'I	JAN 1 6 1967	25B. NAME C	F REGISTRAR	25C. FUNERAL D		ADDRESS
		Victoria	r Ex January	Min. Dook	Baltimore	217 St. Paul St. Md. 21202
VS 150-REV. 1/1	/65					

Maryland Buttern Maryland Commend Hospital 13 have need . W Maryanth Neccoma John O'Brien They o'Brend 200 to Supplied they Prenneemed Septices 2 day Lohar Premoun LLL Your Bernett , other in theren 67 Jun 13

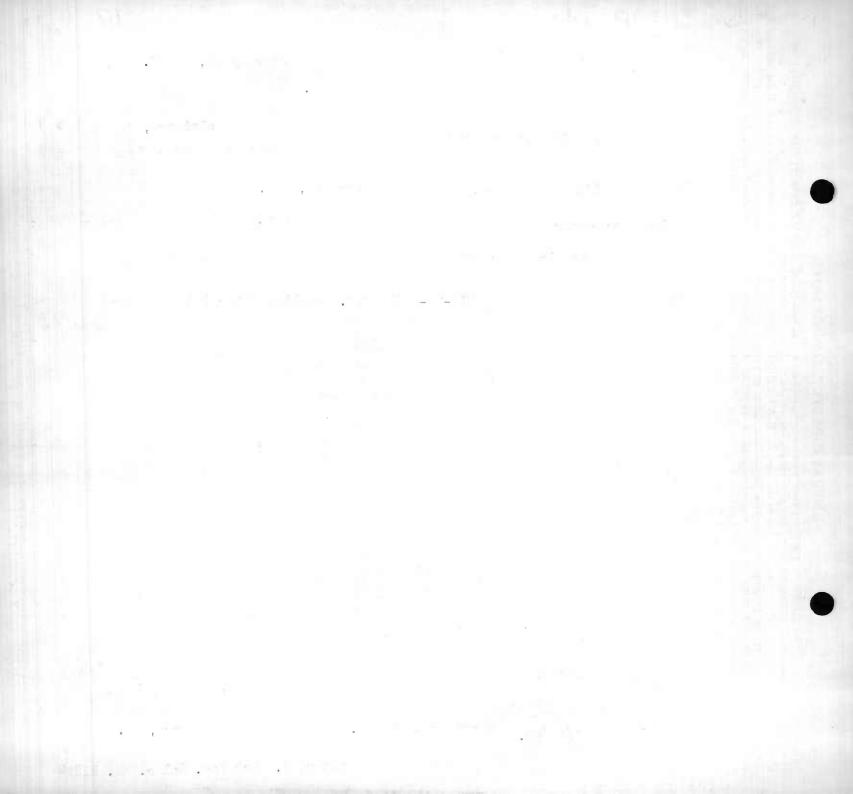
IMPORTANT

FUNERAL DIRECTOR:



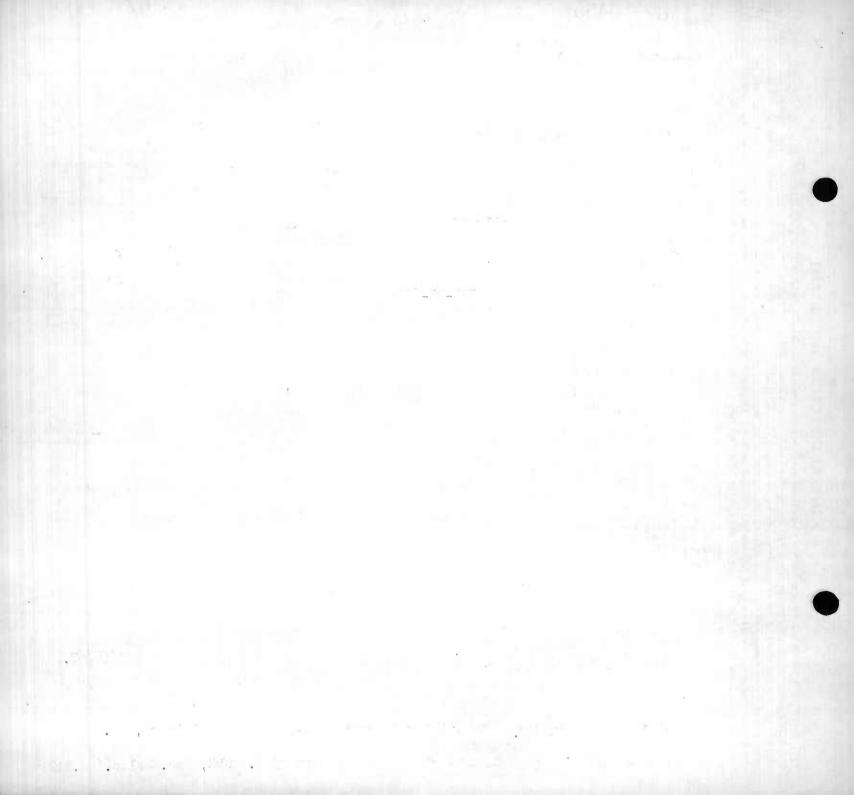
(Type or Print)	JOSEPH	PATERNITI	2, DATE AND H		n . 1
3. PLACE OF DEATH IN B			THE HELL DESIDENCE (WIL 1-	7 14, 1967	
			A. STATE MC B. COUNTY	sceased lived. II ins	monum: residence
HOSPITAL OR OC	not in hospital a	or institution, give street	C. CITY OR TOWN (If outside	city limits, write RU	IIPAL and aive to
INSTITUTION			C. GITT OK TOWN AN OUISIDE	Baltimore	
00 60	023 Old H	arford Road	D. STREET ADDRESS (If rurol,	give location)	0
00				old Harford	a noad
5. SEX 6. RACE W		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	March 27.1890.	GE (In years birthdoy) 76	If Under 1 Yr. Months Doys
	ite	Married			
dane during most of working life	e, even if retired)	IOR KIND OF BUSINESS OK INDUST	Ttaly	country)	12. CITIZEN OF WHAT COL
Retired Car	penter				rtar
13. FATHER'S NAME	Carmelo	Paterniti	14. MOTHER'S MAIDEN NAME	Concetta	2
16.111				oncetta	
15. Was Deceased Ever in (Yes, no or unknown) (If yes,		s of service) SECURITY NO.	17. INFORMANT		ADDRI
No		214-01-4012	Mrs. Angelina Pat	erniti	(Same)
(This does not mean heart failure, asthenia, injury or complication  ANTECE!  DISEASES OR CON rise to the obove UNDERLYING COND	petc. It means which caused DENT CAUSES DITIONS, if cause (A)	the disease, death.)  Dony, giving stating the stating the			
heorl failure, asthenio injury or complication ANTECEI DISEASES OR CON rise to the obove UNDERLYING COND	, etc. It meons which caused DENT CAUSES DITIONS, if cause (A) DITION last.	ony, giving stating the contribution of the co			
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FUNERAL DIRECTOR: IMPORTANT



67 0454	BALTIMORE CITY	HEALTH DEPARTMENT		67 0454
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	07 0404
M.E. CASE NO.  1. NAME OF DECEASED			HOUR OF DEATH	
	ter Carol, SR		AM. Jan 15	1966
3. PLACE OF DEATH IN BALTMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If insti	lution: residence before admissio
FULL NAME OF (If not in hospital or institu	tion, give street	MD		
HOSPITAL OR oddress or location) INSTITUTION			side city limits, write RU	RAL and give township)
11.		Baltimore	#18	10-01
The Union Memorial	Hospital		urol, give location)	
			MOUNT AVE	
1445	OWED, DIVORCED (specify)	12-13-95	P. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	M arried		171	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)			in contital	12. CITIZEN OF WHAT COUNTRY?
Salesman	Tobacco	Md		American
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	18	
Wiliam Heltzel		Irene Co	ckley	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS OA
No	216-07-2429	Walter C.		11 Belair Rd
18. ////		F DEATH	01.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A)	Preumonia.		
(This does not meon the mode of dying, heart failure, asthenia, etc. It meons the dis				
injury or complication which caused deoth.)	6036,			
ANTECEDENT CAUSES	(B)	~~~ <u>~~~</u>		
DISEASES OR CONDITIONS, if any, g				
rise to the obove couse (A) stoling	The (C)	**************************************	00 m m m m 00 0 0 m m 0 m 0 0 0 0 0 0 0	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO	3HT C			
19A. DATE OF OPERATION 19B. CONDITION		20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
			CERIN III C CAO	
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work Not Whi			
22. I certify that (I) (this hospital) atten-			066 10510 A	m Jan 15 10/1
that (1) (we) last saw the deceased alive				
			ir in(my) (our) opini	un death accurred an the d
and have and from the causes stated aba	ve. (I) (We) (did) (did nat)	view the bady after death.		OP DATE SIGNED
23A, SIGNATURE	M.D. Att	ending Med.		3B, DATE SIGNED
Mang Won X	org Ph		Stoff Phys.	Jan 15/67
23C. PHYSICIAN'S	0	23D. ADDRESS		
DR. SANG WON SONG	M.D.	THE UNION MEM	ORIAL HOSP	ITAL
DEMONIAL IC . II )	4C. NAME of CEMETERY OF CR		CATION (City.	town, or county) (State)
REBUY 1/18/67.	Moreland Memoria	l Cemetery	Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 258. N.	ME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
JAN 1-6 1967 (P.P. Br	E. FarkeyMa	Leonard J. R	uck, Inc. Ba	lto. Md. 21214
The discussion				

The second secon



a hospital and

4	ÓM -		BALTIMORE CIT	Y HEALTH DEPARTMENT		67	0456
RTH NO.	67 0456		CERTIFICA	TE OF DEATH	Registered No	07	(MOD)
M.E. CASE NO.	CEASED			2. DATE AN	D HOUR OF DEATH		
Type or Print)		latth.	ew Kachele				12.15
PLACE OF D	EATH IN BALTIMORE MA		ew nucleae	4. USUAL RESIDENCE (Wher	15, 1967		12:15 I
FEACE OF D	EATH IN BALIMORE MA	RILAND		A. STATE B. COUN	TY	sillunon; residen	ice before odmi:
FULL NAME	OF (If not in hospital	or institution	on, give street	Md.			
HOSPITAL OF			on, give ander		side city limits, write R	URAL ond give	township)
1143111011014				Baltimore		0	7-01
2618	Roselawn A	110			rutol, give location)	- Comment	/ /
2010	Noseculit /	ve.		2618 Rosel			
CEN .	V 24.05	T	IED, NEVER MARRIED			T 16 11 1 2 2	
SEX	6. RACE		WED, DIVORCED (specily)		9. AGE (In years lost birthdoy)	Months Doys	Hours N
nale	white		rried	8-31-1899	67		
		10B. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN	OF.
0	of working life, even if retired)	01	, T	M . / /		WHATC	OUNTRY?
	lelder-	Dal	to. Transit	Maryland			usi
FATHER'S NA				14. MOTHER'S MAIDEN NAM	ME		
Gusto	iv Kachele			Anna B. Get	ch		
. Was Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADD	ORESS
	vn) (II yes, give wor or dote	s of service	SECURITY NO.				
no			213059969	Katherine Ka	chele	same	
18	0.11		'C'AUSE (	OF DEATH		INTER	TAND DEAT
DISE	ASE OR CONDITION DI	RECTLY					
	LEADING TO DEATH		(A) ac	ite Carovary Thro	ontous	17	how
	nal mean the made of		e.g., DUE TO		******************************		
	e, asthenia, etc. It means amplication which caused		ase,	- On t	,	e,	
	ANTECEDENT CAUSES		(B) are	exerce und he	Ceovasiena	9. 1	years
DICE			DUE TO 1	escare unto	Mounter		
	OR CONDITIONS, if the above cause (A)						
	NG CONDITION last.		( W/	mipulapangan na mg m m w is wen 4 g quyri; 6 nj 6 4 gm m m m m m m g 6 g 6 nj m drif 6 driv m m 6 nj	0x 0 0 0 0 4 0x 0x x 0 0 0 0 0 0 0 0 0 0		****************
						_	
OTHER SIG	NIFICANT CONDITIONS (	ONTRIBU	TING				
TO THE	DEATH BUT NOT RELA	ATED TO	THE				
19A. DATE C	OF OPERATION 198. CON	DITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	DE TES WERE F	INDINGS CON	ISIDERED
0	WAS PER			Tur	IN CERTIFYING CAL	JSES OF DEAT	H?
21A. ACCID	ENT WAS UNDERLYING	7	218. PLACE OF INJURY (e.g.,		(If in Rolliman	City, give exo	et location)
OR CONTRI	BUTING CAUSE OF	_	home, lorm, loctory, street,	office bldg., INJURY OCCUR?	iii iii oommore	-ily, give exo	01 100040117
DEATH (noti	ly medical examiner)		etc.)				
21D. TIME	(Month) (Doy) (Year)	(Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
(APPROX.)			While At Not Wh				
			Work At Work		1		
22. I certif	y that (1) (this hospita	l) ottende	ed the deceased from A		19 5 V 10 Jane	cary 13	19
that (1) (wr	e) lost sow the deceose	ed olive	on Tanuary 1	5 19 4 7 ond the	ot In (my) (our) opin	nion death oc	curred on the
and hour o	nd from the couses sto	ted chave	e. (1) (We) (did) (did and)	view the body ofter death.			
23A. SIGNAT		. 50 500 00	to ( ( o) (ala) (asa noi)	The body offer deoffic		238. DATE SIC	INED
			M.D. At	tending Med.	Stoff		167
	Misse			ys. Director	Phys.	1/15	101
23C. PHYSIG	(Type)			23 D. ADDRESS			
MANIE	E. J. A.	llesi	M.D	6217 F	Harford Road		
AA. RIIPIAI CI	REMATION, 248. DATE	1240	C. NAME of CEMETERY of CI		OCATION (C)	hy town or co-	intu) is
REMOVAL		240	S. HAME OF CEMETERT OF CI			ly, lown, or cou	inty) (St
burio	2l 1-18-	67 M	orkland Mem.	Park Bo	Itimore, 1	Nd.	
	D BY HEALTH DEPT.	258. NAA		25C. FUNERAL DIRECTOR		A	DDRESS
JAN	1 1 6 1967 (12.0)	TE E	A TELLIFORMAN	Leonard J.	Ruck Inc.	Baltim	ore, Mo
		A COLUMNIA		0			-

and

IMPORTANT

**DIRECTOR:** 

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

CEREBRAL HEMORRHAGE ZULLE

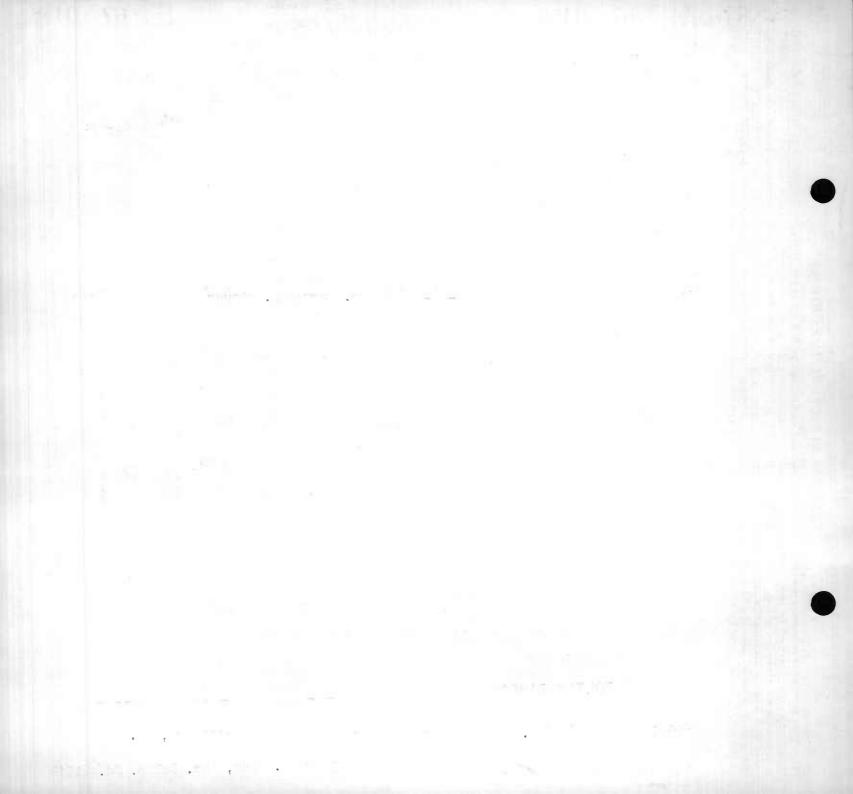
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14 Jun 23 DEF 16 14 JAN

स्तितराजनाम स्वयंत्राव्यका प्रभावता अस्ति महत्त्वाता । स्तितराजनाम स्वयंत्राव्यका प्रभावता अस्ति महत्त्वाता । IMPORTANI

FUNERAL DIRECTOR:



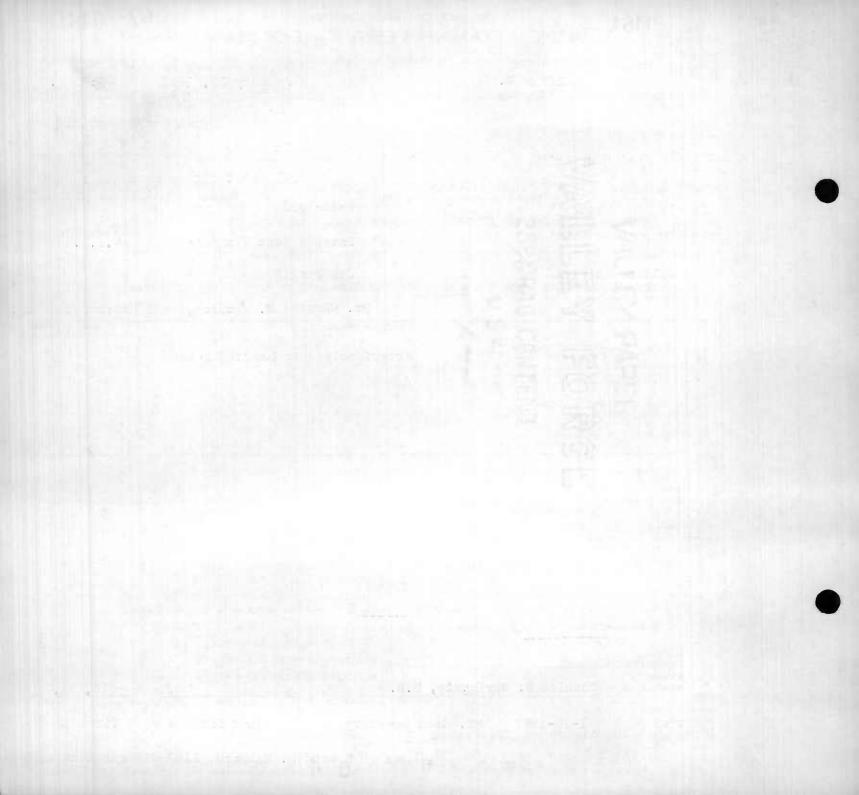
Muryland Genoral Hospital 2822 Christople Act 28 13/1/1 W indoved Maryland Mr Doreld Matthew O'Donnell Clara D'Annall 6108 old Halls

$\simeq$ $\vee$	1-420	CD OACO	TEOEDEATH Registered No.	67 0450
2	5 to 4 to	M.E. CASE NO.	ATE OF DEATH	9300
MEDICA	Su Su	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	11000
9	ital	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)
I	osp e c nce nce	FULL NAME OF (If not in hospital or institution, give street	A. STATE B. COUNTY	
3	and	HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
M.	n con con con con con con con con con co	< CHURCH HOME + HESP.	D. STREET ADDRESS (If rurol, give location)	6-05
0	d con	100 H. BOOKDWAY	QHURCH HOME + HOSP.	100 N. BROADWAY
as a	ibu ne ne d	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
3	ntr ntr rmi rmi egu	t w widow	11-3-1873 Post birthdoy)	
30	co co ce ce ce ce co	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
~	s i d	Housewipe	Md	U.S.A.
36	if dect (4) U (4) U the pos	13. FATHER'S NAME  EXPLOSION J.H. Barnett	14. MOTHERS MAIDEN NAME  UJKJOWJ Kennedy	,
S F	dir dis		17. INFORMANT	ADDRESS
Z	sta he cinc dea dea	(Yes, no of unknown) (If yes, give wor or dotes of service) SECORITY NO.	Dadied Mills	BALTO GEN.
NR S	d d d an	18.40 1-9027 Q \ \(\begin{array}{c} \text{CAUSE C} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Dopard Mius	HOSA TAC
P P	o, io, incended	DISEASE OR CONDITION DIRECTLY	V	BPOOCHO - 2 DAYS
_ ₹	Als Als	~ (7(a) BRO	DONO DIDENTIONIA, MY OCH	L- MI - 9 DAYS
ن <i>ن</i>	er.	heart foilure, astherio, etc. It means the disease, injury or complication which coused death.	L.	LILLIA LARGE CHANE
10	frac o p	ANTECEDENT CAUSES Z 3 18 CC	proupey Atherocclerocis	MADA dis CENTH
96	A A A	DISEASES OR CONDITIONS, if ony, giving	Setule, I VIER TROUTED TERLE	(R) 9 DMYS
S-	(3) (3) In In		SHOCK, DAND + BED RIGHEN	
- 0	dical cal ins; icic		THUE HEART FAILURE (??	
AL	edi edi bur bur hys	O THE DEATH BUT NOT RELATED TO THE	PERTROCYTHINTELLE R,	
Ja	dy a dy	2 194 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
Z	ch Bo th th re t	E 1-11-67 WAS PERFORMED PL ( STEW PEOCHENTERIC (		
BE	the all be (2) ere o ple efo	OR CONTRIBUTING CAUSE OF CAUSE OF	office bldg., INJURY OCCUR?	City, give exact location)
Notified	why why	DEATH (Nith edeal exeminer) etc.) CHUR CH HO	21F. HOW DID INJURY OCCUR?	Harp, 100 H. Bosto
101	atu (6)	S OF INJURY  The A CA While At Not Whi	PATRIT DELL FOR	n Bed
-	y n X ce	22. I certify that (this hospital) ottended the deceased fram		
	e ol	that (P(we) last sow the deceased alive on 1-13-67	ond that In (our) apin	
A .	st be a ased to lent of ospital death) nust be	and hour and from the couses stated above. (*) (We) (did) (did not)		
2	dent of death);	23A. SIGNATURE TO O		23B. DATE SIGNED
EXAMINER SON)	ccic a h	Ph	Med. Stoff Phys.	1-13-67
SON	was r An a An at prior	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS CHURCH HOME & HOS	Oith
3	we we A	MANUEL TAN  AND  AND  AND  AND  AND  AND  AND		y, town, or county) (State)
3	ybo.	Burial 1/16/67. Cedar Hill Cem		
MEDICAL (MR- 1	This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF BEGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
30	This the lashow was dece	JAN 16 1967 Research	Leonard J. Ruck, Inc. Ba	lto. Md. 21214
		VS 150-REV. 1/1/65		

DANIEL HOW - 927114 BUTT TOTALES How has added 11-3-1873 93 -4 Ox7 + 60 791613230H WASHERSON IN te Cucab Min 13 Mind 07.148 2 DOPALD HILL-297 702044 H = 01/29/04/8 BEDDOND DISTURDING MYGCHER ATP PAIN COROUNTY HTTPERECORDED TORONO P (S) DEPOS CHENDON MET C . THATSAUT ( SHOOK, Day + BUT HILLERAW) Concerne these priluse (77) PR. INTERCONNESSEE R. PA, com tracemental [A] Course of these a thoron, too in CHAIRTH CECKL) NOT FIELD PATREDT PERL FROM Bed The of 61 D7-5-1 1-13-69 1-13-69 1-13-67 CHURCH HOME & HORDITHL MANUEL TAN

Marie Division Co. 1925 - Legarit

W-625	67 0461 BIRTH NO. M.E. CASE NO.  BALTIMORE CITY HEAL  MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Piint)  ALLETA V. WORKMAN	January 15, 1967 7:05 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
	Sinai Hospital (DOA)	D. STREET ADDRESS (II rural, give locotion) 4902 Reisterstown Road
	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Days Hours, Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Ora Phillips 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mr. Charles F. Workman, 4902 Reisterstown Rd
	DISEASE OR CONDITION DIRECTLY	of DEATH INTERVAL BETWEEN ONSET AND DEATH riosclerotic heart disease
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		Yes IN CERTIFYING CAUSES OF DEATH? Yes  n or obout 21C. WHERE DID (If in Boltimore City, give exact location) (fice bldg, INJURY OCCUR?
	21D TIME (Month) (Day) (Yeor) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WORK AT WORK	21F. HOW DID INJURY OCCUR?
	ACTUAL SIGNATURE  EXAMINER'S  Accident Suicide  Suicide  M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER
	NAME (Type) Charles S. Springate, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF	January 16, 1967  CREMATORY 23D. LOCATION (City, town, or county) (State)
	Burial 1-19-1967 Mt. Zion Ceme	
	JAN 16 1967 248. NAME OF REGISTRAR VS 151-REV. 1/1/65	Howard H. Hubbard, 4107 Wilkens Avenue 29



IMPORTAN FUNERAL DIRECTOR: and

occurred

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238, DATE SIGNED (City, town, or county) Baltimore, Maryland Howard H. Hubbard, 4107 Wilkens Ave. 21229

If Under 24 Hrs.

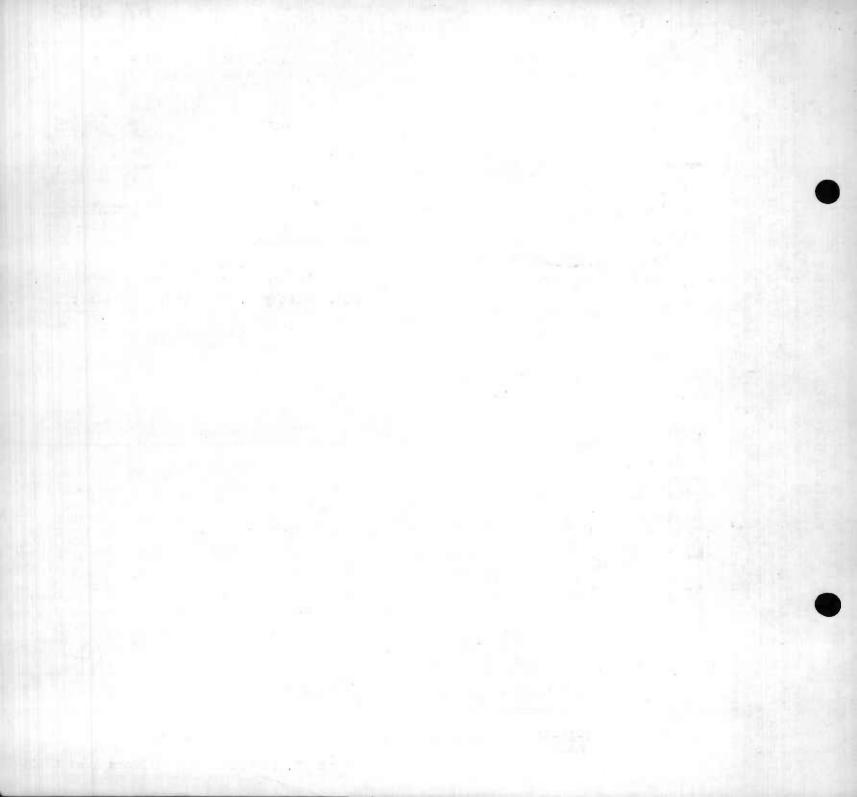
Hours

USA

ADDRESS

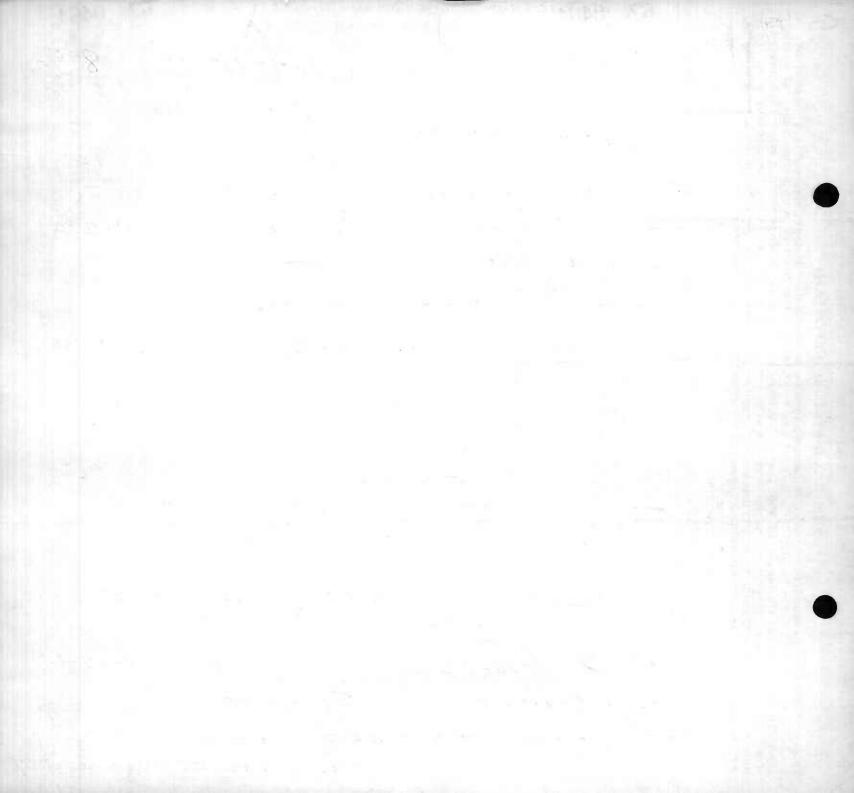
INTERVAL BETWEEN

ONSET AND DEATH



	EASED			2. DATE A	ND HOUR OF DEAT	Н
Type or Print)	ELIZABETH A	FRIT	7		nuary 13, 1	
PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (WH	ere deceased lived. If	institution: residence before admission
				A. STATE B. COU	NTY	
FULL NAME O	OF (If not in hospital oddress or location	or institution,	give street	Maryland		
INSTITUTION				C. CITY OR TOWN	outside city limits, writ	e RURAL and give township)
1 -	Sinai Hosp	ital		Baltimore D. STREET ADDRESS	f rurol, give location)	0100
42	,					
. SEX	6. RACE	7 AA A PRIED	, NEVER MARRIED	B. DATE OF BIRTH	ngton Blvd.	If Under 1 Yr. If Under 24 H
Female	White	Widowe	owed (specify)	5-26-1881	9. AGE (In years lost birthday) 85	Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
House				Germany		U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	AME	
	Zimmerr	man				
	d Ever in U. S. Armed For n) (If yes, give wor or date		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				William G. Fr:	itz, 5529 L	ink Avenue 21227
18. 41. 2	301		CAUSE O			INTERVAL BETWEEN
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	not mean the mode of osthenio, etc. It means					
	mplication which coused					
	mphresiden in men areas	deom./	Art	eriosclerotic o	rardiovascu	lar 30 years
	ANTECEDENT CAUSES		(B) Art	eriosclerotic d	cardiovascu	lar 30 years
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25A, DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

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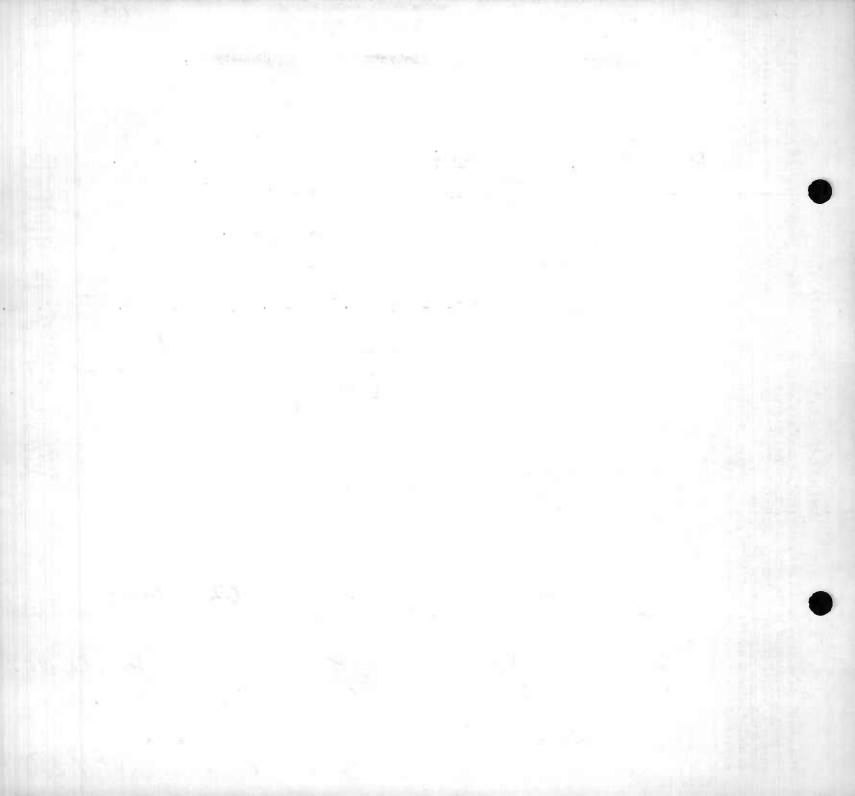
ance (2)

cause;

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED January 12, 1967 (Type or Print) Fleischer Moore Tess 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN MALHMORE, MARYLAND (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Temple Garden Garden Apartments D. STREET ADDRESS (If surel, give location) Apt. Madison Avenue 2601 Madison Ave. Apt. 1106 is made. B. DATE OF BIRTH If Under 1 Yr. Months: Doys 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) tost birthday May 2, 1908 Female Single 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) School Teacher Baltimore, Md. 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME Silas Fleischer Blanche Mohr 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 1355 Md. Nat'l Samuel J. Fisher -09-0387 No None INTERVAL BETWEEN 0 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This daes not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused deoth.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving fa the obave cause (A) stafing the UNDERLYING CONDITION lost. the remains 11 ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before Ü 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work DEATH 22. I certify that (1) (this haspital) attended the deceased from .19 that (1) (we) lost saw the deceased alive on. 6. 7....ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE 23B. DATE SIGNED Attending | M.D. Med. Stoff written approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Carlton L. Sexton, 819 Park Avenue, Baltimore, Md. 21201 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) 1/13/1967 Baltimore Hebrew Cemetery Baltimore.

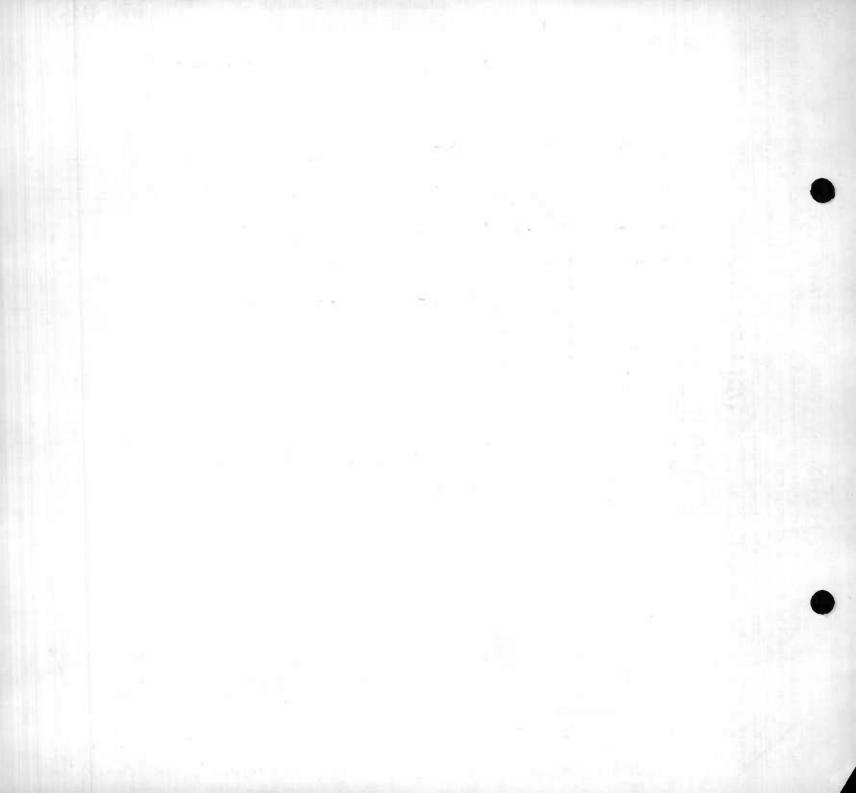
25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR



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BALTIMORE CITY HEALTH DEPARTMENT



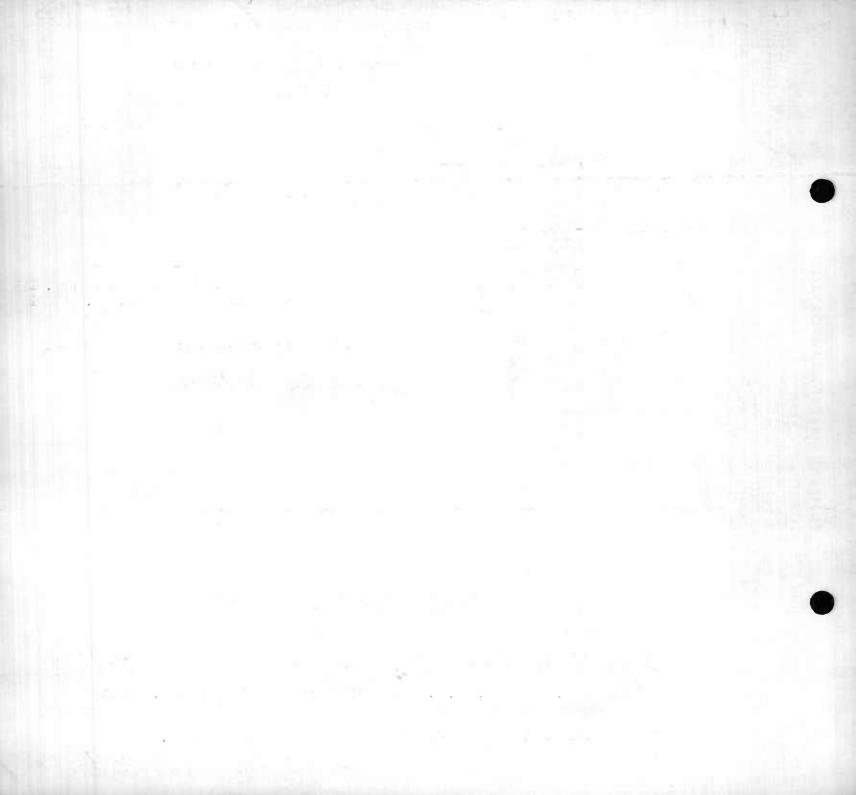
IMPORTANT

FUNERAL DIRECTOR:

Registered Na. BIRTH NO. CERTIFICATE OF DEATH Deceased of death 2. DATE AND HOUR OF DEATH January 12, 1967 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
STATE

8. COUNTY C. CITY OR TOWN (If autside city limits, write RURAL and give township) If Under 1 Yr. Manths: Days If Under 24 Hrs. Haurs Min. Hours 12. CITIZEN OF WHAT COUNTRY? Malloy 1805 Queens Lane Apt. 145 Miss Blanche Coll Falls Church, Va. INTERVAL BETWEEN ONSET AND DEATH slile Wellete 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in(my) (aur) apinion death accurred on the date 3700 Park Heights Ave. (City, town, or county) Woodlawn, Md. W as ō VS 150-REV. 1/1/65

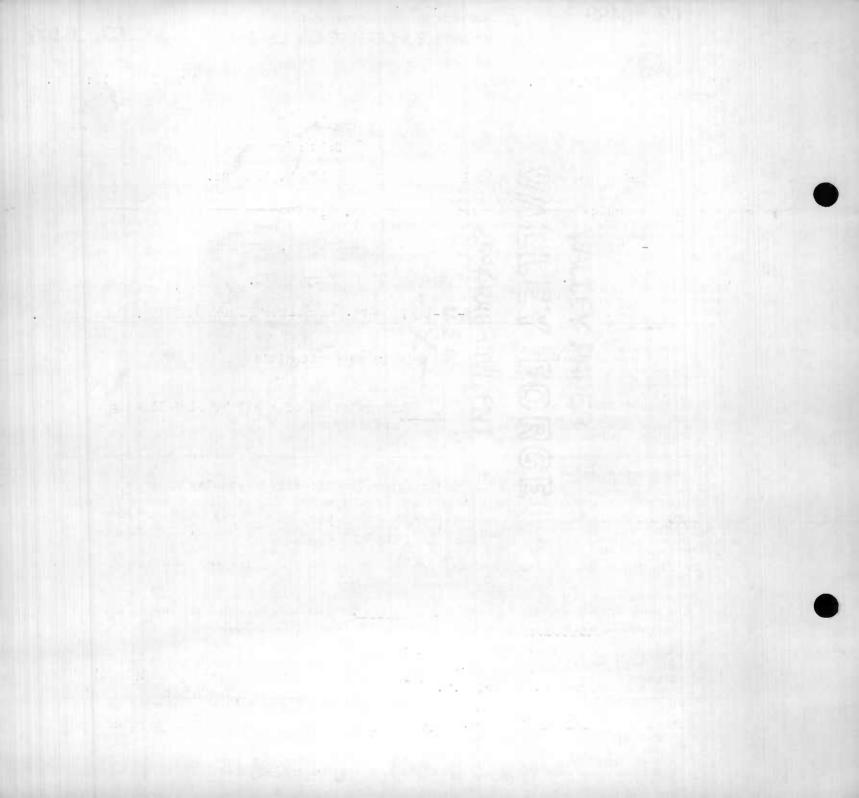
BALTIMORE CITY HEALTH DEPARTMENT



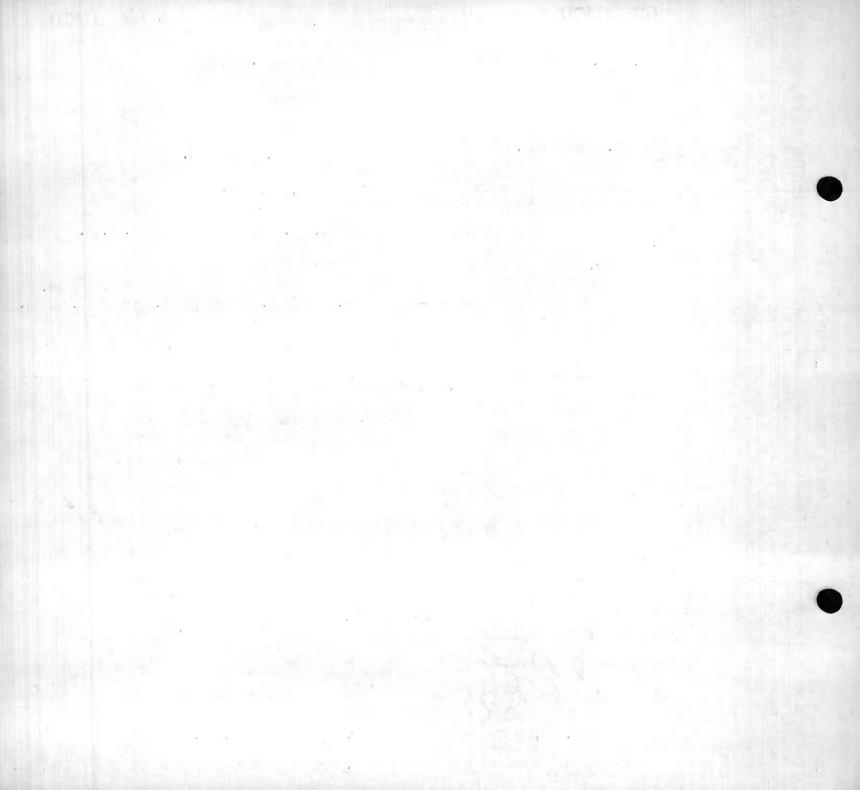
BIRTH NO.

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered Na.	67_	0469
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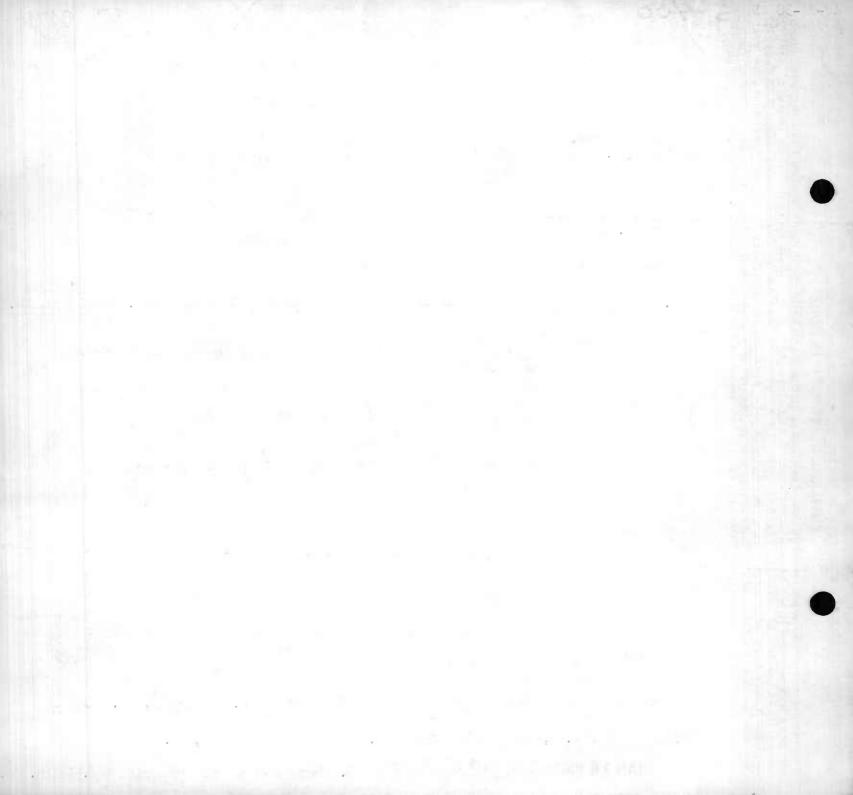
M.E. CASE NO.						
1. NAME OF DE		I Cunningham		2. DATE AND HOUR	PRONOUNCED DE 1/9/67	10:08 p.
	Edwin				_, _,	M.
		HERE PRONOUNCED DEAD	A. STATE Man	DENCE (Where deceased cyland	B. COUNTY	residence before admission)
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		WN (If autside carparat	e limits, write RURA	L and give township)
INSTITUTION			Balt	imore		12-07
			D. STREET ADD	PRESS (If rurol, give lace	ation)	
proper langer	Union Memoria	1 Hospital	21	10 W. 25th St		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT		GE (In years If U	Inder 1 Yr. If Under 24 Hrs.
male	white	Widowed, DIVORCED (specify)	Jan. 6,		67 Mon	ths Doys Haurs Min.
		TOR. KIND OF BUSINESS OR INDUSTR		(State or foreign country)		CITIZEN OF
	working life, even if retired) - Chauffer		Rollin	om Mamrlan		WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S M	ore, Marylan	a	
Will:	iam C	Cunningle on	3/			
	ED EVER IN U.S. ARMED	FORCES? 116. SOCIAL	17. INFORMANT	у Е.	ADD	RESS
(Yes, no or unknown	(If yes, give wor or date	s of service) SECURITY NO.	7.4			
No	None	248-05-1437	Mrs. Jac	quline Slouc	k 708 St.	Dunstans Rd.
18.	7013	CAUS	E OF DEATH	CIRCLE II		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE	RECTLY				OKSET AND DEATH
(This door	LEADING TO DEATH	(A) Fibr	inous peri	ltonitis	****	******************************
heort foilure	not meon the mode of , osthenio, etc. It meons implication which caused a	the disease,				
injury ar ca	implication which caused to	÷				
	ANTECEDENT CAUSES	Str.	angulation	of small bo	owel follow	wing
DISEASES	OR CONDITIONS, IF A	NY, GIVING DHE TO -	adhesions		•••••	
UNDERLYI	NG CONDITION LAST.	Allivo Inc				
Z		(C)				
E OTHER SIG	II	CONTRIBUTING				
O THE	DEATH BUT NOT REL		osclarotic	cardiovascu	lar disea	80
DISEASE O	R CONDITION CAUSING	11.				
OTHER SIGN TO THE DISEASE OF THE DIS	WAS PERF	DITION FOR WHICH OPERATION		Y? (Yes or No) 208, IF Y	FYING CAUSES OF	DEATH?
100	CALLSE WAS	219 BLACE OF INTURY (	yes			
UTING CAL	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	office bldg., INJUR	Y OCCUR?	mare City, give exa	ct (acation)
21D TIME	(Month) (Doy) (Year	(Hour) 21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCC	UR?	
OF INJURY		WHILE AT NOT	WHILE			
22.		m. WORK AT V	WORK L			
I cer	tify that I held on Ir	nquiry Inspection A	utapsy X an	nd that on this basis,	, death In my apl	nian
resu	Ited fram: Natural cau	ses X Accident Suici	de Hamic	ide Undetern	nined manner	
	1		CHIEF M	EDICAL EXAMINE	R	
ACTUA		69/1	ASSISTANT A	MEDICAL EXAMINE	RX	DATE SIGNED
SIGNAT		M.C		MEDICAL EXAMINE		/10/67
EXAMIT NAME (	TT T	J. Spitz, M.D.	ASSOCIATE	MEDICAL EXAMINE	K	
23A, BURIAL CRE	MATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION	(City, Iown,	or county) (Stotel
Burial		.967 New Cathedr	al Cemeter	Baltin	more, Mary	land
24A. DATE REC'D	BY HEALTH DEPT.	248. NAME OF REGISTRAR		RAL DIRECTOR	, ,	ADDRESS
	JAN 16 1967	DO 4-8 FARMA	7/	7.1	11- 1	Butto, md.
		The state of the s	mont	1 comme	- 20 NO 1	work afor
VS 151-REV. 1/1/	0.5			1		1



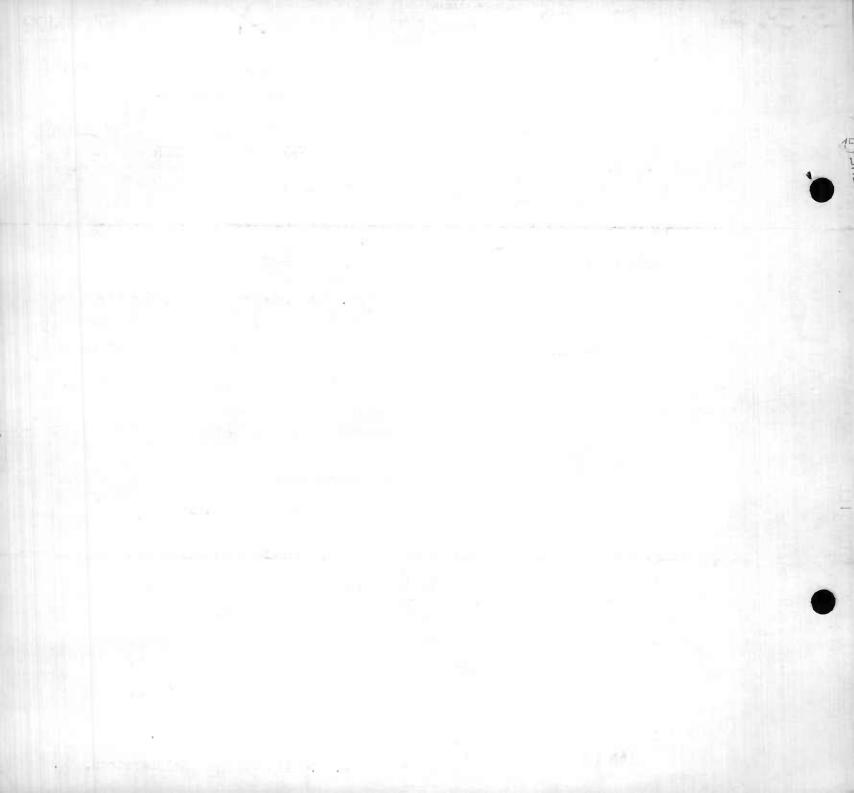
0	ישיי האים		BALTIMORE CITY	Y HEALTH DEPARTMENT		OPY O MIN
BIRTH NO.	7 0470		CERTIFICA	TE OF DEATH	Registered No	·· <b>b</b> / (1470
M.E. CASE NO.	CEASED			2. DATE	AND HOUR OF DEAT	TH
Type or Print)	J. Willia	am Offut		.Ta	n. 12, 1967	
PLACE OF DE	ATH IN BALTIMORE, MA		v	14. USUAL RESIDENCE (W	here deceased lived. If	f institution: residence before admission
				A. STATE 8. COL		
HOSPITAL OR	OF (If not in hospitof oddress or locotio		ive street	Maryla	nd	te RURAL and give township)
INSTITUTION				Baltim		20 -0 T
1				D. STREET ADDRESS	(If rural, give location)	40.01
40	St. Agnes H	osp.			Morley St.	
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
Male	White	Marrie	, DIVORCED (specify)	May9,1892	lost birthdoy)	Months Doys Hours Min.
	UPATION (Give kind of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	(Office)	Compton		D-34- 363		
FATHER'S NA		Cemeter	У	Balto. Md.	AME	U. S. A.
		000 11				
W- C	J. Willia			Frances Baue	er	400000
es, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces: es of service)	SECURITY NO.	17. INFORMANT		ADDRESS Md.
Yes	1918		215-09-1995A	Mrs. Nellie F.	Offutt 169	S. Morley St. Balto
18.	8 / X I	1.00		F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY		1	. 0	ONSET AND DEATH
	LEADING TO DEATH		w. Vel	udantina +///	almularle	and I
(This does	nol meon the mode of	dying, e.g.,	DUE TO	4 ph ( 4 shi	arversa ar sargem	77-7
	oslhenio, etc. Il meons		61		1 1	
injury or cor	mplicolion which coused		. Chin	Mer. Uniman	trant in	linting
	ANTECEDENT CAUSES		DUE TO	1000 1000	Juan of The	
	OR CONDITIONS, if		Par	1 O Will	11/1/	
	G CONDITION lost.	sloling lhe	(C) [ /Q//	angua o jugar	ude due	10
			(U)	Heraf Kosi	rular Cu	celding
OTHER SIGN	III	ONTRIBILITING		4 //		
E TO THE D	DEATH BUT NOT RELA	ATED TO THE				
	F OPERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WEE	RE FINDINGS CONSIDERED
	WAS PER			no	IN CERTIFYING	CAUSES OF DEATH?
19A. DATE O	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltin	nore City, give exact location)
OR CONTRIB	UTING CAUSE OF	hometc.)	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	111 111 201111	iote only, give exect tocombin
)	y medical examiner	erc./				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(A PPROX.)		Whi	Not Whi			
22 1	.1 . (1) (.1.1 1 1			1 une	20/./	10 10 10
22. I certify	y that (1) (this hospita	I) attended th	e deceased fram	4 who	19 Celp to	2000 19 6
that (I) (we	) last saw the decease	ed olive on	12 dans	19 6 7 and	that in (my) (our) o	opinian deoth occurred on the d
and hour or	nd from the causes sta	ted abave. (1)	(We) (did) (did nat)	view the bady after death	٦.	
23A. SIGNAT		.1				23B, DATE SIGNED
note	// 1	K	M.D. AH	ending Med.	Stoff	101015
1/1/10	(1979) 1.	anyroo	Phy	rs. Director	Phys.	13 Jan 6/
28C. PHYSICI.	Type)	5		23D. ADDRESS	/ /	o Dit 1
10	1111 show S.	Va R	VSOh M.D.	HUDS Ed	mondoos	- leve Sallo.d
4A. BURIAL CR	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION	(City, town, or county) (State)
REMOVAL						
Burial			New Cathedral		Balto. Md.	
DA. DATE REC'I	BY HEALTH DEPT.	25B. NAME O	r KEGISTRAR	25C. FUNERAL DIRECT	173	ADDRESS
	JAN 16 1967	12.06. Fr	E ATOMERICAN S	G G Truman Sch	wab 3512 Fr	ederick Ave/Balto. M
S 150-REV. 1/1	/65					



	-4-00	014	A diameter	BALTIMORE CIT	Y HEALTH DEPARTM	IENT /	GT OAMA
25	IRTH NO.	67	)471	CERTIFICA	ATE OF DEA	TH Registered No	. 07 04/1
5	NAME OF DECE	ASED				DATE AND HOUR OF DEAT	H
1	Type or Print)	ALRERT	SEC	LEY	1	3 Sanuary 196	1 1650 AM
3	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDEN	CE (Where deceased lived. If	institution: residence before admission)
	FULL NAME OF	(If not in hospital	or institution of	un shoot	MARYLAN		0 E PA
	HOSPITAL OR	oddress or locotio	n)		C. CITY OR TOWN	(If outside city limits, write	
		SALT IMORE C	174 1705	PITALS	CATON-	SVILLE.	52.00
	4940 East		# 2222		D. STREET ADDRESS		1 1
_		, Maryland	# 2122		1 80 No	ih Prospect	AVE. 21228 005
5		White	7. MARRIED, WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male		May	ried	6/25/56	80	
d	OA. USUAL OCCUP one during most of wo	PATION (Give kind of world orking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
	Manager Ap	t. House			O him	Û	u, s A
1	3. FATHER'S NAME				14. MOTHERS MAIL	DEN NAME	
	Arthu	r Seeley			Ida	?	
1	S. Wos Deceosed E	ver in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS# 21224
	No.	yes, give were or done	J OI JUIVICE	225-05-2805	BCH: Record	ds 4940 Eastern	Ave. Baltimore, Md.
	18.	Y			OF DEATH	ab 4740 mas 1012	INTERVAL BETWEEN
	DISEASE	OR CONDITION DI	RECTLY		4 3		ONSET AND DEATH
		EADING TO DEATH		(A) C	rdiorespi	rating Callage	e bleps
	heart foilure, a	I mean the made of sthenia, etc. II means	dying, e.g., the disease,	DUE TO		0	
		lication which caused	death.)	4	1 mani	the sepsis.	- lana
	Al	NTECEDENT CAUSES		DUE TO	im riega	une soferis,	
		CONDITIONS, if abave couse (A)		m	rulliple (	deculité	1.00 %
		CONDITION last.	storing ine	(6)	77	·····	www.
		11		F 16	7	1-1 0	
		CANT CONDITIONS C			t, sen	ulif confi	varion of the
-	DISEASE OR C	ONDITION CAUSING !	Т.		120.4	/ V	
	19A. DATE OF C	WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Y	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
-		WAS UNDERLYING	218.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE	DID (If in Boltime	ore City, give exact location)
	DEATH (notify n	ING CAUSE OF	home etc.)	, form, foctory, street,	office bldg., INJURY OC	CUR?	
i	2	Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F HOW	DID INJURY OCCUR?	
1	OF INJURY			e At C Not Wh	le 🗀	DID INTOK! OCCOX:	
			Work	At Work			
				e deceased from De		1967 to Jan	**************************************
		ast saw the decease	17		19 67		olnian death occurred an the date
			ed abave. (1)	(We) (did) ( <del>did not)</del>	view the bady after	death.	
	23A. SIGNATURI	,	2				23B. DATE SIGNED
	ace	an f	Jan	M.D. At	ys. Med. Direck	or Stoff Phys.	13 Jan, 1967
	23C. PHYSICIAN NAME (Typ	s /	7)		23D. ADDRESS	1	11
	AL	4N ).	JARN	ES M.D.	4940 Easte	rn Ave. Baltimo	re,5Nd./# 21224
2	A. BURIAL CREM	ATION, 24B. DATE	24C.NA	ME of CEMETERY or CI			City, town, or county) (State)
	Burial	Jan.16,	1967 Ce	edar Bluff Cer	n •	Annapolis, Md	
2	A. DATE REC'D B		25B. NAME OF		25C. FUNERAL D		ADDRESS
	الب	AN 16 1967	POR	2 Fallowan	O Treman	School 3512 Fre	ederick Ave. Balto. M
	-91	1001	The state of the s		a a bandil		TOTAL ANTON DOLL OUT IN

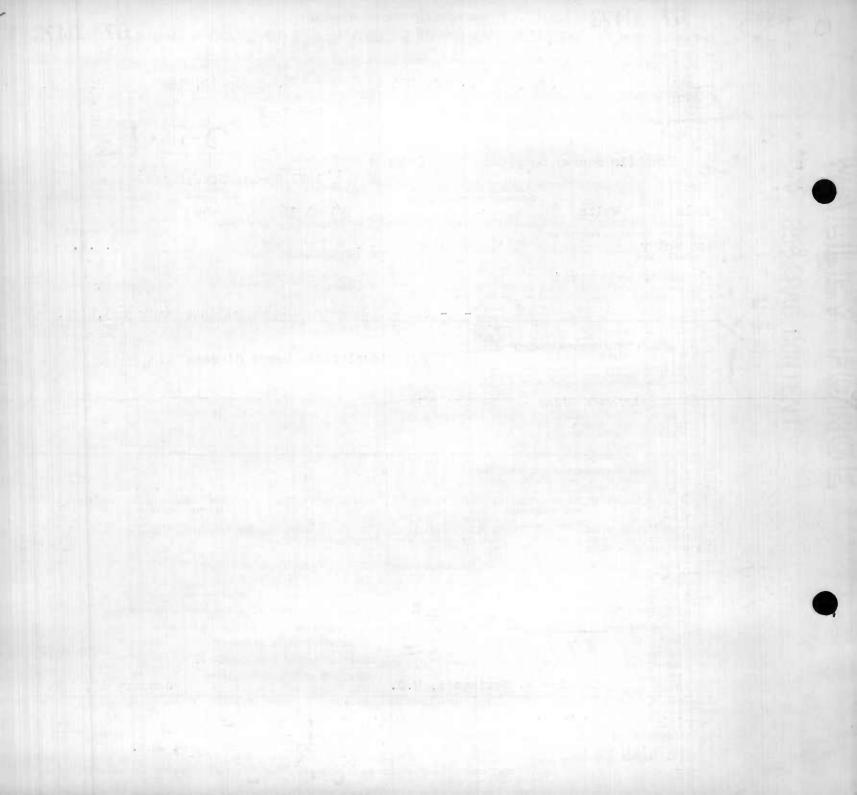


BALTIMORE CITY HEALTH DEPARTMENT



## 67 0473 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 0473

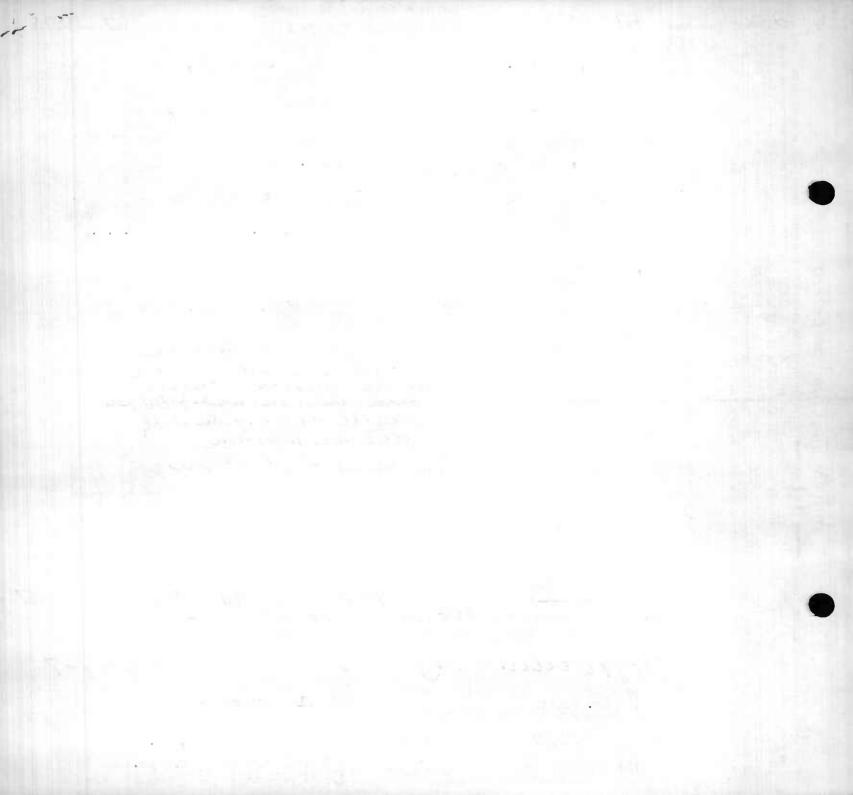
BIKIN	NO.	MED	ICAL LA	WAMINATER 2 C	EKTITICA	IE OF I	JEM I II Kegiste	red Na.Cz	U-3 ( L)	
	CASE NO.									
1. NA	or Print)						D HOUR PRONOUNC			
			OSEPH	OSTASIZWSKI		Janu	ary 11, 196	7 9:1.		
3. PLA	CE IN BALTI	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	DENCE (Where	deceased lived. If inst B. COL	itution: residence befo JNTY	re odmission)	
FULL	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION. GIVE STREET	Ma	aryland				
HOSPI	TAL OR UTION	ADDRESS OR LOCA	ATION)		C. CITY OR TO	C. CITY OR TOWN (If autside carparate limits, write RURA) and give lownship)				
31	2					altimore		40		
	Frank	lin Square	Hospital	(DOA)	D. STREET ADD	ORESS (If rural,	give lacation)			
0	(A						ce Street	#30		
5. SEX		. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	TH	9. AGE (In years last birthday)	Months, Days, H	Jnder 24 Hrs. ours , Min.	
Ma	1e	White	Marr	ied	2/12/	1916	50			
IOA. U	SUAL OCCU	PATION (Give kind of war prking life, even if retired)	108 KIND OF	ed BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF WHAT COUNT	DV2	
-	spector	orking the, even a tenred/	Baltin	nore City	New Yo	rk		U.S.A		
	THER'S NAMI			<i>y</i>	14. MOTHER'S M		E	0.0411		
Al	exander	Ostasewski			Mary Wy	rostek				
15. WA	S DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 00 0011		ADDRESS		
	1	If yes, give war or date	S of service/		T	- 0 +	1. · / D		0 1	
JB.	98	MANTT	2.1	7-03-8200	OF DEATH	e Ustase	ewski(nee Br		L BETWEEN	
	4 05	9191		CAUSE	OF DEATH				ND DEATH	
	DISEASI	OR CONDITION DI	RECTLY	A 10 to 10	1		14			
	(This doos no	I moon the mode of	dying o.g.,	DUE TO	ioscleroti	ic neart	disease			
	injury or com	osthenia, etc. It means plication which causod	dooth.)							
	Ah	ITECEDENT : CAUSE								
		R CONDITIONS, IF A		(B)DUE TO		***************************************				
	RISE TO THE	ABOVE CAUSE (A) S' G CONDITION LAST,		502 10						
Z	OTT DETECTION	CONDITION LAST,		(C)			***************************************			
일		ll l								
ŏ		FICANT CONDITIONS								
픈		CONDITION CAUSING								
CERTIFICATION	A. DATE OF	OPERATION 198, CON		VHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE FILL		D	
1 9					No					
OUI	NDERLYING 🗆	CAUSE WAS OR CONTRIB-	21 B. I	farm, foctory, street,	in or about 21C. 'office bldg, INJUR	WHERE DID Y OCCUR?	(If in Baltimare City, gi	ve exact lacotion)		
3 DI	ING CAUS	E OF DEATH.	otc.)							
		(Month) (Day) (You	r) (Hour) 2	E. INJURY OCCURRED	21 F. H	OW DID INJU	IRY OCCUR?			
	PPROX.)		W	HILE AT NOT	WHILE					
22			m. W							
		fy that I held an I		Inspection X Au	tapsy an	d that on thi	s basis, death in n	ny opinian		
	result	ed from: Notural ca	uses X A	ccident Suicid			Indetermined monne	er 🗌		
		01	1	1.1	CHIEF	EDICAL EX	AMINER	DATE	SIGNED	
	SIGNATU	RF (lear	RJ.	Spal M.D	ASSISTANT M	EDICAL EX	AMINER X	DATE	SIGNED	
	EXAMINE	D'c		0-1	ASSOCIATE A					
	NAME (T	ype) Charles		ingate, M.D.			J	anuary 12,	1967	
	VAL (Specify)	ATION, 23B. DATE	230	C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City,	town, or county)	(State)	
	rial	1/16/6	67	Baltimore Na	tional Cen	netery	Maryland			
24A. C	DATE REC'D E	Y HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS		
	ال	AN 16 1967	P. C. Fr	E. FarbayMA	Schim	inek Fun	eral Home,	Inc.		
			10000		J551	renms	Lane #13			
VS 15	1-REV. 1/1/6.	5		0 / 0 1		1 1 0				



IMPORTANT

DIRECTOR:

FUNERAL



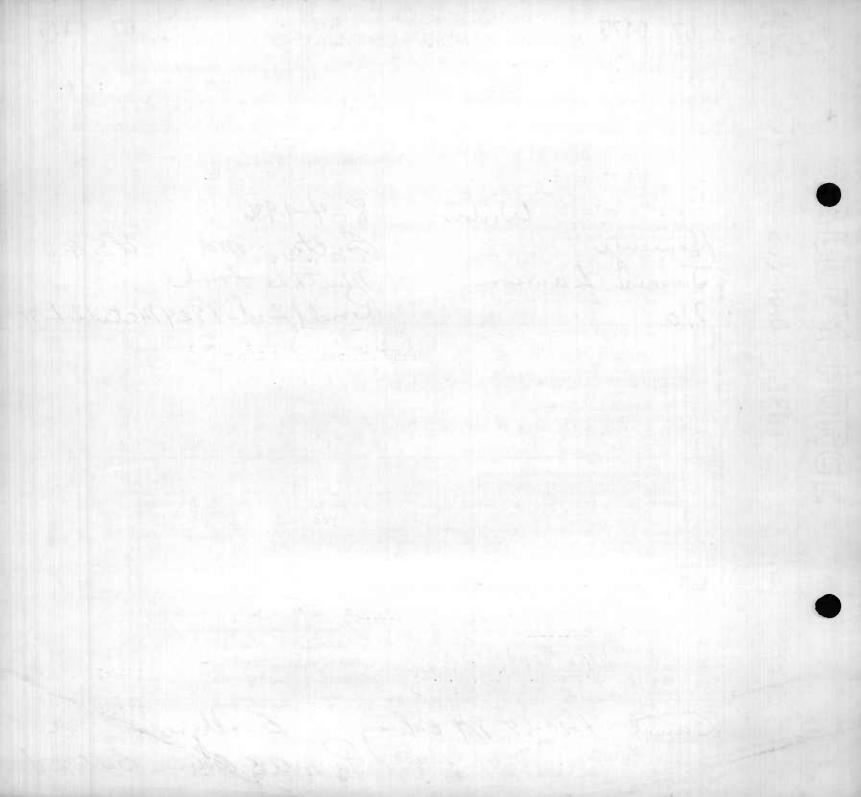
1/24/67 - Insurance Policy from The Baltimore Insurance Company, Balti more, Md.

for Charles Edward Robinson. Insured: 3/4/1935. Age next birthday: 41.

Policy No. 2514110.

. . . . .

	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)  Dorothy Lawson	1/3/67 8:20 a. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN (If outside carporate limits, write RURAL and give township)
	Baltimore 14-03
00 ,01 ==	D. STREET ADDRESS (If rural, give locotion)
434 Bloom St.	434 Bloom St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE lin years    It Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
female colored Widow	1 1 106
IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUST tone dering most of working life, even if retired)	TRY 11. BRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housele	Palta Md 454
S. FATHER'S NAME	T4. MOTHER'S MAIDEN NAME
James Lawson	Martha Ford
5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL  Yes, no arunknown, (If yes, give wor ar dates of service)  SECURITY NO.	17. MFORMANT ADDRESS
no	Konald-Ind-1924 Mc Cellato
IB. CAU	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	y alteration of liver
(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
righty of complication which coused death.	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? [Yes or No.] 208. IF YES, WERE FINDINGS CONSIDERED
O Z	yes IN CERTIFYING CAUSES OF DEATH?
▼ 21 A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-  21 B. PLACE OF INJURY (e., hame, farm, factory, street, to be a control or	g., in or about 21C. WHERE DID (If in Bultimare City, give exact lacation) , office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Day)   Year) (Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NO	OT WHILE
22.	Autapsy 🔀 and that on this basis, death in my apinian
22. I certify that I held an Inquiry Inspection I	
22. I certify that I held an Inquiry Inspection A	cide Hamicide Undetermined manner
22. I certify that I held an Inquiry Inspection Aresulted fram: Natural causes X Accident Suice	CHIEF MEDICAL EXAMINER
22. I certify that I held an Inquiry Inspection Accident Suice ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER   DATE SIGNED  DATE SIGNED
22. I certify that I held an Inquiry Inspection Accident Suice  ACTUAL SIGNATURE Werner U. Spitz, M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D.  Natural couses X  Accident Suice  ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D.  NAME (Type)	CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER  1/3/67
22. I certify that I held an Inquiry Inspection Accident Suice  ACTUAL SIGNATURE Werner U. Spitz, M.D.	CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER  1/3/67
22. I certify that I held an Inquiry Inspection Actual Survey Werner U. Spitz, M.D.  ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D.  NAME (Type)  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER	CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER  1/3/67
22. I certify that I held an Inquiry Inspection Accident Suice  ACTUAL SIGNATURE Werner U. Spitz, M.D.  NAME (Type)  3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER	CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER  1/3/67



+	OPS O APSPEL	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 0477
17	1 NO. 67 U4//	CERTIFICA	TE OF DEATH	Registered Na	01 0317
1. NA	CASE NO.	0 1-	2. DATE AN	D HOUR OF DEATH	1 22
	" PriMARTHA JANE	Crem Do	son In	9-67 -	1100 BM
3. PI	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceosed lived. If in	titution: residence before dmission)
	JLL NAME OF (II not in hospital or institu	rtion, give street	ma		
	OSPITAL OR address or location)	. //	C. CITY OR TOWN (If outs	side city limits, write	RURAL and give township)
10	LA Plaga nu	ung / Time	15 allima		15-02
10	1515 030,000	Sign	11110	urol, give locotion)	4
5. SE	X 6. RACE 7. MA	RRIED, NEVER MARRIED	11/0/0/0	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
1	Ze Col WID	OWED, DIVORCED (specify)	1885	ost birthday	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN during prost of working lile, eyen if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Thousande				USA
13. F	ATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	
	10				
15. W	os Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(165,	20 O O O O O O O O O O O O O O O O O O O	vice) SECURITY NO.	P : .00 8	. 11.	10106 14
-	IB. 71 41 2 Y I	CAUSE	OF DEATH	munce-	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY		1 1 1		ONSET AND DEATH
	LEADING TO DEATH	(A) CA	Grandialde	Courselin	51 days-
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dis	e.g., DUE T		0	/
	injury or complication which caused death.)	Cin	elas Caler	selouts	6000
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stoting		hopedun		Go da
	UNDERLYING CONDITION lost.			0 0 0 0 0 0 0 0 0 0 0 0	i comp
1	II de la companya de	Nau III	1		
TION	TO THE DEATH BUT NOT RELATED TO				
V I	PA. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES WERE	FINDINGS CONSIDERED
ERTIF	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
0	OTA. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
10			215 110 11 212 1111		
NE NE	OF INJURY	21E, INJURY OCCURRED While At Not Whi	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX.)	Work Al Work			
	22. I certify that (I) (this haspital) atten	1	1-21-	96 G to 1.	-9- 196/
	that (I) (we) last sow the deceased alive	on 1-9-	19.6.7ond the	at in (my) (our) opi	nian death accurred on the date
	and haut and from the couses stated abo	ve. (I) (We) (did) (did nat)	view the body after death.		
	23A SIGNATURE				23B, DATE SIGNED
	/ Mo Wenter		tending Med. Director	Stoff Phy s.	
	NAME (Type)	5 5-1	23D. ADDRESS	00 1190	1
	9604.16X	IDL GTON M.D.	1723 Wru	el Hell	hee
24A.	BURIAL CREMATION, 248, DATE 2 REMOVAL (Specily)	4C. NAME of CEMETERY OF CE	REMATORY 24D. LC	CATION (C	ity, town, or county) (State)
10	Burial 1-17-67	mt Talva	my S	cookly	AA. Es md
25A.	DATE REC'D BY HEALTH DEPT. 258. NA	AME OF REGISTRAR	250. FUNERAL DIRECTOR	The	ADDRESS
	JAN 17 1967 R.C.	5 E. Jane	Hoursmill &	Oden -	Salto. md
V/C 1	50 PEV 1/1/65				

1-4-01-11= Augustildegenter 30 days arbeit artenstores 60 days Happelemmi 90 days 99 -2,2-2 -6-1 GEOH. PENTLETON M3 Though the Cus BALTIMORE CITY HEALTH DEPARTMENT

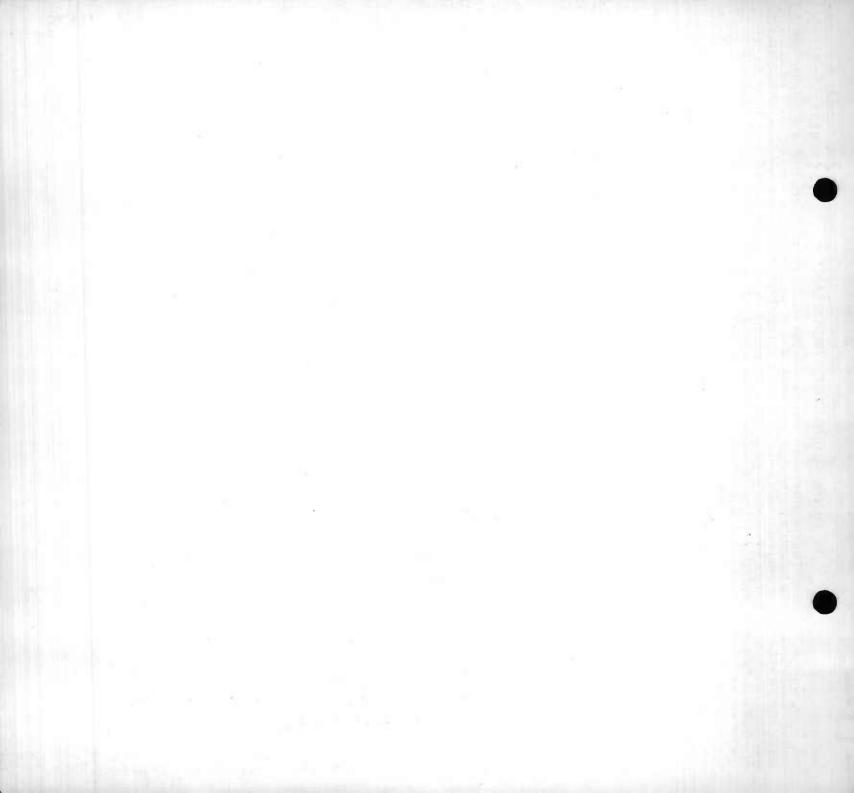
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DIRECTOR:

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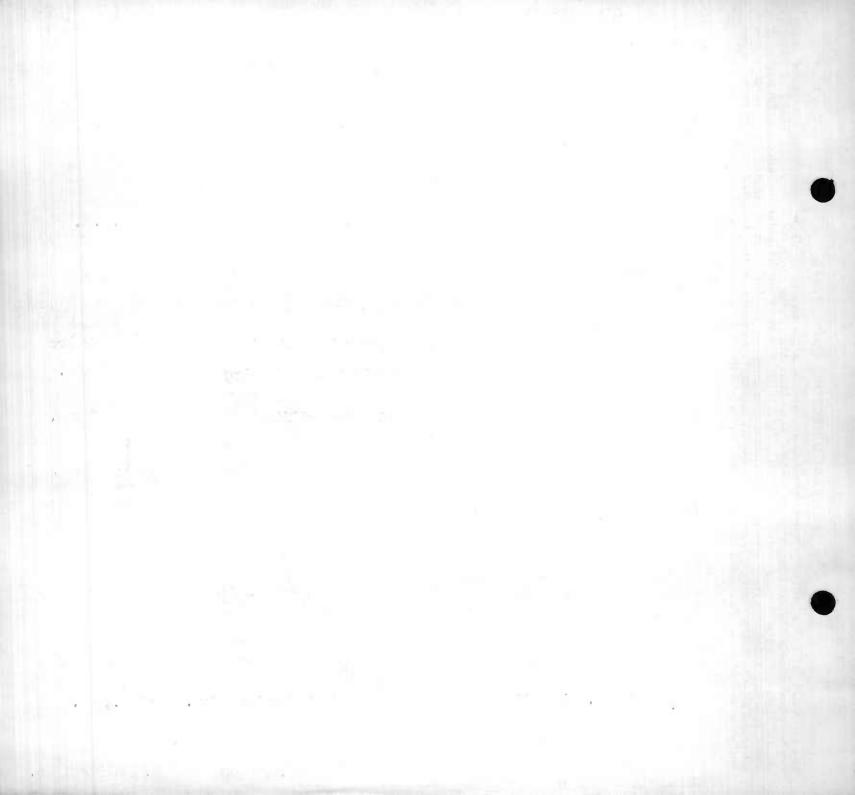


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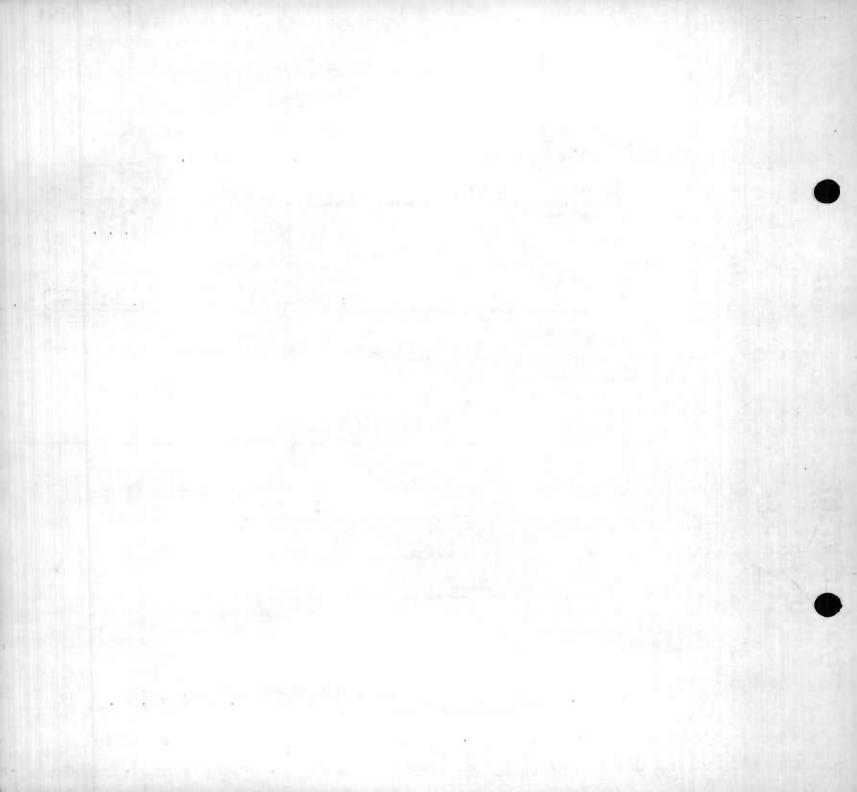
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Rose Scott-wife-same BCH: Records 4940 Eastern Ave. Baltimore, Md. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ... ond that in (any) (our) opinion death occurred on the date 23B. DATE SIGNED Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. O.A. (City, town, or county) eceased written shows: 1 - 19 - 67Burial Mt. Auburn Cemetery Baltimore, Maryland Was 25C. FUNERAL DIRECTOR Corge G. Kelson 1348 N. Calhoun St. VS 150-REV. 1/1/65

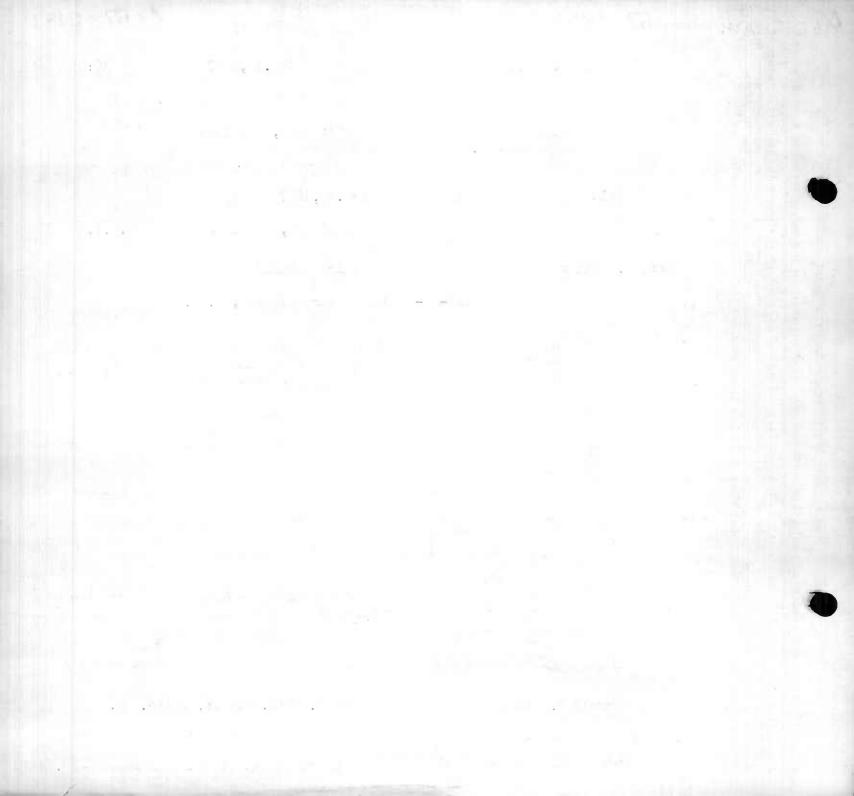


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FUNERAL DIRECTOR:

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VS 150-REV. 1/1/65



Inspection

Accident X

Charles S. Springate, M.D.

248 NAME OF REGISTRAR

Autopsy X

Hamicide

24C. FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

Suicide

23C. NAME of CEMETERY or CREMATORY

ond that on this basis, deoth In my opinlan

23D. LOCATION

Undetermined monner

DATE SIGNED

January 13, 1967

(City, town, or county)

I certify that I held on Inquiry

23B DATE

resulted from: Notural couses

ACTUAL

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type)
23A, BURIAL CREMATION,

24A. DATE REC'D BY HEALTH DEPT.

majored March 15, 1915 Florist Maryland William Riedel Flore Reinhardt. No significant Baild ross delme in

Respect

100/67 Mendearity beauty Known Hourd Meril Ambree Tre 1328 Labelin So 121

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Congenital agetic

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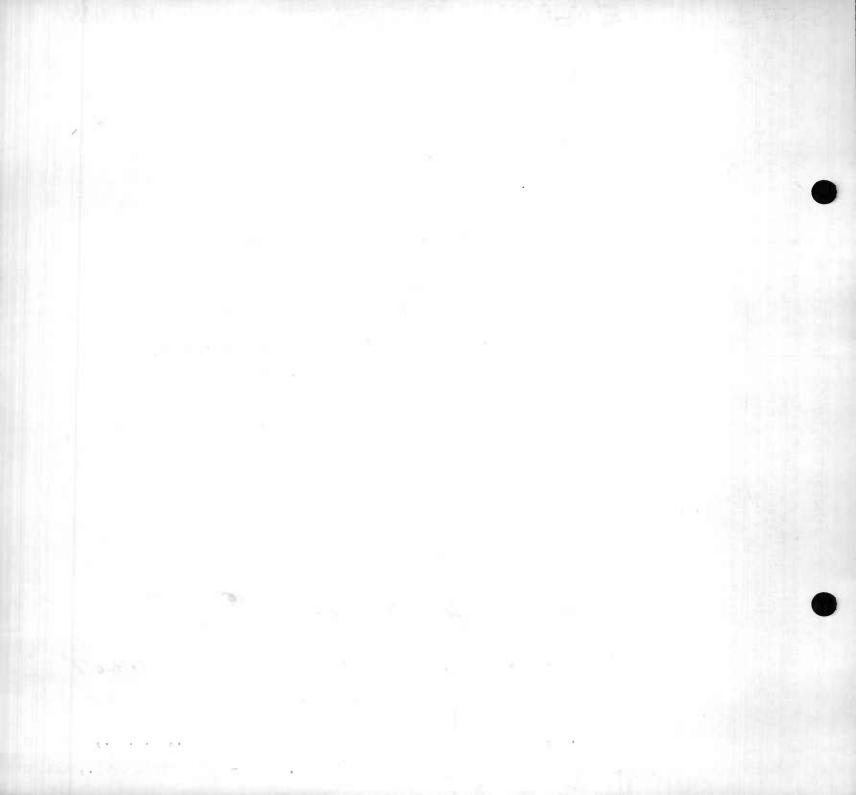
	MT	TITY HEALTH DEPARTMENT		CM 0400
BIRTH NO. 67 04	85 CERTIFIC	ATE OF DEATH	Registered Na.	67 0486
NAME OF DECEASED		2, DATE AN	ID HOUR OF DEATH	
Type or Print) IDA KC	mp	Jan	40 my 14 10C	2 1 3 1 3 5 1
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (When	re deceased lived. If inst	itution: residence before admis
Mercy	or institution, give street	A. STATE B. COUN	ΙΥ	
FULL NAME OF (If not in hospital HOSPITAL OR address or localis	or institution, give street	C. CITY OR TOWN (If our	Iside city limits, write RU	IPAL and sive township)
INSTITUTION		BALTI		2/- G
MARTO	. ////	D. STREET ADDRESS (If	rurol, give location)	65 00
		410 FC	CroFT	Street
. SEX  6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
mu	WIDOWED, DIVORCED (specify)	12/16/88	lost birthdoy	Months Doys Hours Mi
OA. USUAL OCCUPATION (Give kind of wor			gn country)	12. CITIZEN OF
one during most of working life, even if retired)		001-50	200	WHAT COUNTRY?
Housewife	at home	BALTO		U.S. A.
3. FATHERS NAME	010	14. MOTHER'S MAIDEN NAM		
John Bri	LUN	GIIRIIOWII		
5. Was Deceased Ever in U. S. Armed Fo fes, no or unknown) (If yes, give wor or dot	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
, , , , , , , , , , , , , , , , , , , ,	213-09-22961	3 Lillian Mat	hison, dah	t. above
18. 1/ 1/ 1		OF DEATH	, -9	INTERVAL BETWEEN
DISEASE OR CONDITION DI				ONSET AND DEATH
LEADING TO DEATH		leute munci	and in 1	Dave
(This does not meon the mode of	dying, e.g., DUE TO	Levaretion		
heart failure, asthenia, etc. It means injury or complication which coused	s the disease, d deolh.)	It aborton		
ANTECEDENT CAUSES	(B) (d	ntenio Scenot	ic Cardio	1-0ans
DISEASES OR CONDITIONS, if	DUE TO	Jascela Duen		
rise to the above couse (A)	stafing the (C)	-019857124	Infont Full	Days.
UNDERLYING CONDITION last.				
Z				
OTHER SIGNIFICANT CONDITIONS	ATED TO THE			
DISEASE OR CONDITION CAUSING	IT.	20 A. AUTOPSY? (Yes or No	OR IS YES WERE THE	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONWAS PER	REPORMED	AUTOPST? (Tes of No	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITION	g., in or obout 21 C. WHERE DID	(If in Rolliman	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street	g., in or obout 21 C. WHERE DID	tii in poinmore	eny, give exect lecononi
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year)		21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not \			
22. Leartify that (1) (this hospita			1967 ta G	200 Sept 1 - 200 - 14 - 19 - 6 -
16.6	- 1	. /	73 / 6	-1
that (I) (we) last saw the deceas	/ ( / / /	19 6 7 and th	of in my) (aut) apini	an deoth occurred on the
and haur and from the causes sta	ited abave. (I) (We) (did) (did na	t) view the body after death.		
23A. SIGNATURE	4	A 11		23 B. DATE SIGNED
Jehn J.	Esteen M.D.	Attending Med. Phys. Director	Stoff Phys.	76-14/196-
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	J- heen M	.D.		
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of		OCATION (City	, town, or county) (Stat
REMOVAL (Specify)				
Burial 1/18/			altimore, M	
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	Tuneral Hon	ADDRESS
JAN 17 1967	Of But & Janey	3331	Funeral Hon rehms Lane	, ,



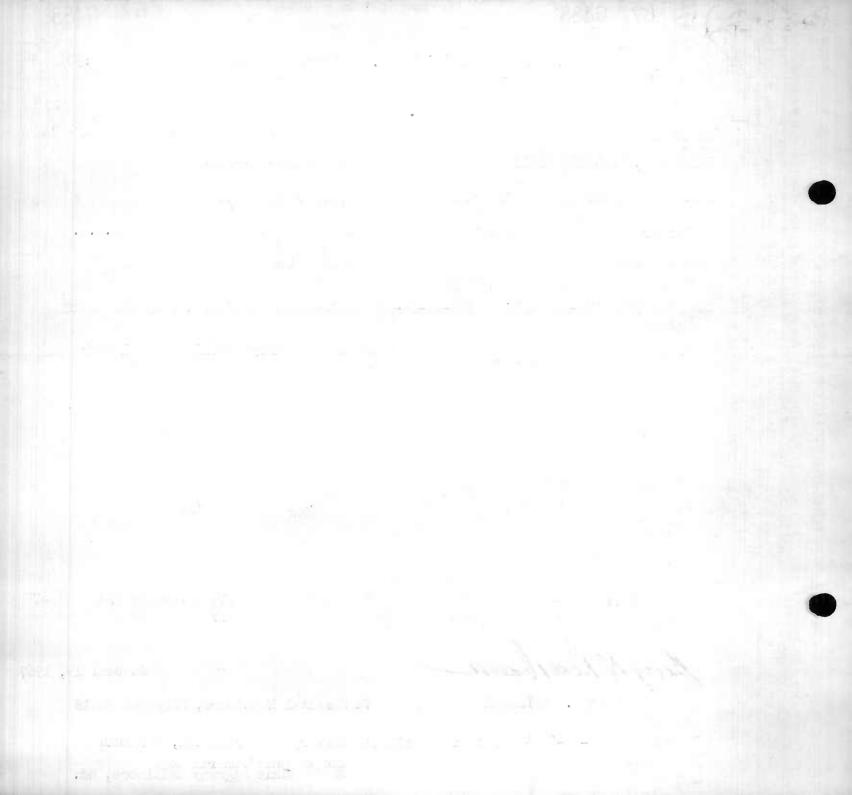
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DIRECTOR:

FUNERAL

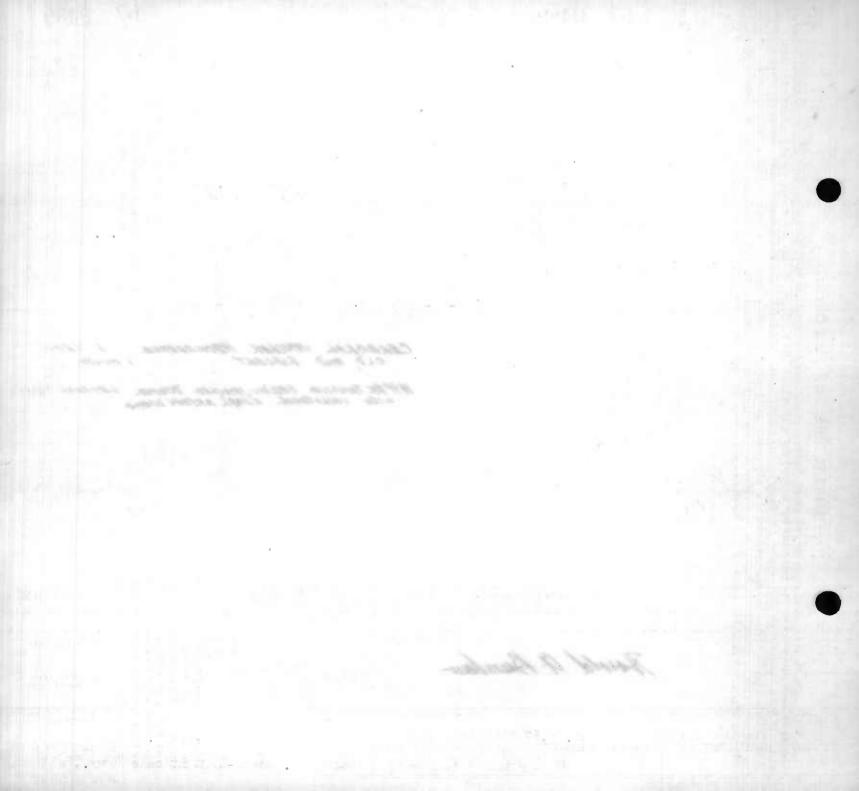


67 0488	BALTIMORE CITY	HEALTH DEPARTMENT	/	67 0488
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	0400
M.E. CASE NO.  1. NAME OF DECEASED	CERTIFICATION I			
(Type or Print) BULLICK, ADOLPH	NMI (Adolph F	. Bullick) 1/12/		2:50 P <sub>M</sub>
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A, STATE B. COUNT	deceosed lived. If i	institution: residence before admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	give street	Maryland c. CITY OR TOWN (If outsi	de city limits, write	RURAL ond give township)
Veterans Administration Hosp	it.e.T	Baltimore, G	len Burnie	32-00
3900 Loch Raven Boulevard Baltimore, Maryland 21218	Lval		rol, give locotion)	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
20.2	ed, DIVORCED (specify)	2/17/89	st birthdoy)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND C		11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF
done during most of working life, even if retired)		Mingowyi		WHAT COUNTRY?
Farmer Far	ming	Missouri 14. MOTHERS MAIDEN NAM		U.S.A.
John Bullock		Julie Hine		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Yes 9/18/17 - 6/10/19	521-26-56-35	VA Records, Ba	Ltimore, M	arvland 21218
18. 4. 6 5 XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH		ltiple Pulmonary	Emboli	l week
(This daes not meon the mode of dying, e.g. heort foilure, osthenio, etc. Il meons the disease				
injury ar camplication which caused death.)	400			
ANTECEDENT CAUSES	DUE TO	••••••••••••••••••••••••••••••••••••••	H H H W G H H G H H P P P P G G G G G G G G G G	
DISEASES OR CONDITIONS, if any, giving				
UNDERLYING CONDITION lost.	e (C)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1				
O THE DEATH BUT NOT RELATED TO T				
DISEASE OR CONDITION CAUSING IT.	WHICH OBERATION	20 A. AUTOPSY? (Yes or No)	200 IE VES WERE	SINDINGS CONSIDERED
1994. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OFERATION	32	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INSHIPY (e.g., in	1es	Yes	re City, give exact location)
OR CONTRIBUTING CAUSE OF ho	me, form, foctory, street, of	ffice bldg. tNJURY OCCUR?	th ill bulking	is city, give exoct loconom
O 21 D. TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
	hile At Not While	e		
W	ork At Work			
22. I certify that 4 (this hospital) attended				nuary 12th 19.67
that () (we) lost saw the deceased olive an	January 12th	19.67ond that	in (my) (aur) ap	inian death accurred on the date
ond haur and fram the causes stated above.	(1) (We) (did) (did) (g) v	iew the body after death.		
23A. SIGNATURE				23 B. DATE SIGNED
Gerry N. Koxelball	Phy		toff hys. X	JANUARY 13, 1967
23 C. PHYSI CLAN'S NAME (Type)		23D. ADDRESS		, , , , , ,
BARRY N. ROSENBAU	M.D.	VA Hospital Balt	imore Mar	ryland 21218
	NAME of CEMETERY OF CRE	MATORY 24D, LO		City, town, or county) (Stotel
Burial 1-17-1967 Ar	lington Nationa	Al Cemetery A	rlington,	Virginia
JAN 17 1967	5 8 Farley MA	George Gonce	Fineral Ho	ADDRESS
7650	O E' MODENINA	George Gonce	lighway Ba	Itimore, Md.
V\$ 150-REV. 1/1/65				

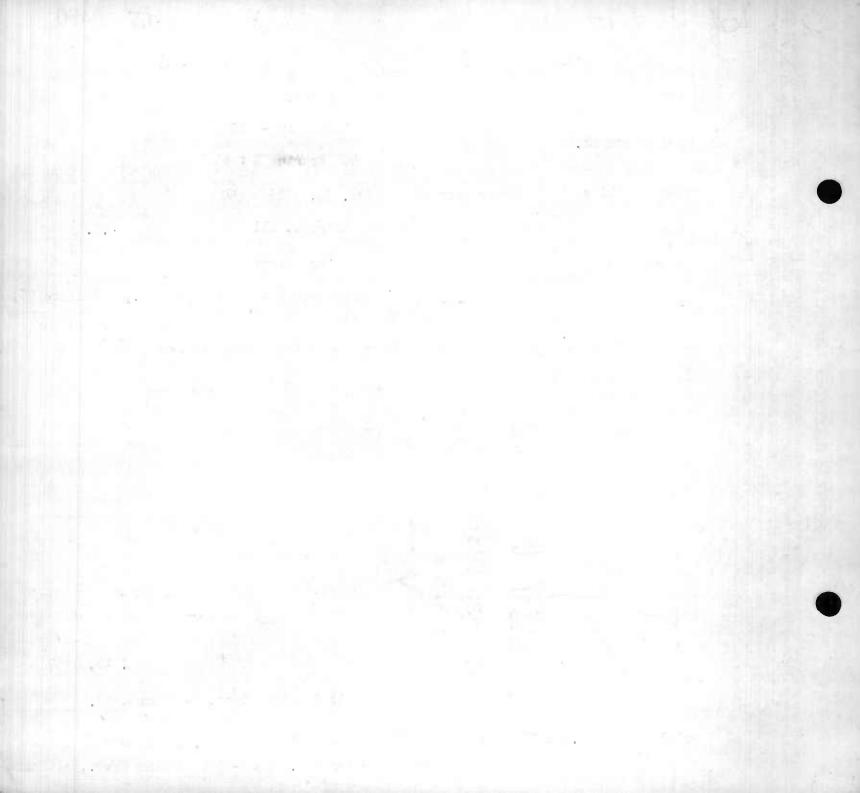


FUNERAL DIRECTOR: IMPORTANT

M.E					6/ 11489
	E CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na	0300
	NAME OF DECEASED	17	2. DATE AN	D HOUR OF DEATH	
Пур	pe er Print) ONESSO	N.K night		1-12-190	67.1 3:15 1
3. [	PLACE OF DEATH IN BALTIMORE, MAR	YLAND		e deceased lived. If in:	stitution: residence before edmis:
			A. STATE B. COUN	14/ . 1	
- 1	HOSPITAL OR oddress or lecotion)	r institution, give street	CON OF TOWN	Jana.	110.41 . 1
1	INSTITUTION		C. CITI OR IOWN	# 1.	URAL end give township)
+	-3		D. STREET ADDRESS (III	urol, give lecetion)	225 000
"	S . 11 B. 11 ins .:	n=1 11 -	31 B	20 W/ D/	111/-
		ME GENERAL HOS	B. DATE OF BIRTH	AGE (In year)	MYE,
ð. J	£ (11/.) -	WIDOWED, DIVORCED (specify)		lest birthdoy	If Under 1 Yr. It Under 24 Menths Doys Heurs Mi
43	1. White	married.	1-26-15	3/	
	A. USUAL OCCUPATION (Give kind of werk) ne during most of working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State er forei	gn ceuntry)	12. CITIZEN OF WHAT COUNTRY?
		HOUSE wiff.	TA	nn	U.S.
13.	FATHER'S NAME	770000000000000000000000000000000000000	14. MOTHER'S MAIDEN NAM	AE .	U.D.
	A in Nil	1	T 1 -		
15	Wes Deceased Ever in U. S. Armed Force	O/SON	17. INFORMANT		ADDRESS
Yes	s, ne er unknewn) (If yes, give wer er detes	of service) SECURITY NO.	INFORMANT		ADDRESS
	No	409-24-6013	Joe Edward Kni	cht - same	
	18. 44 3XI		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY			ONSET AND DEATH
	LEADING TO DEATH	(A) CFA	ECKAL UTSCHAR	Hornean	an I VEHIC
	(This does not mean the mede of heart failure, asthenia, etc. It means t		CECKAL VARILYM	VT	1 MONTH
	injury or complication which coused of	deoth.)	,		
	ANTECEDENT CAUSES	(B) HYP	FRETHENSIUM CARROLL	UMSEULAY DISO	AS SOVERAL YO
	DISEASES OR CONDITIONS, if or	DUE TO W	ITH UNILATORAL R	each actory	USOPS IE
	rise to the obove couse (A)				
	UNDERLYING CONDITION Iosi.				
7	11				
NOL	OTUER SIGNIFICANT CONDITIONS CO				
4	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE	100		
HEICATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE	20A-AUTOPSY? (Yes ei Ne	208. IF YES, WERE F	INDINGS CONSIDERED
4	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. COND WAS PERFO	TED TO THE	No	IN CERTIFYING CAL	JSES OF DEATH?
. CERTIFICA	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. COND WAS PERFO 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	OTHE  OTHE  OTHOR WHICH OPERATION  ORMED  218. PLACE OF INJURY(e.g., home, ferm, fectery, street, company to the control of th	in er ebout 21C. WHERE DID	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?  City, give exect lecetion)
4	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. COND WAS PERFO 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	STO THE STORM OF T	in er ebout 21C. WHERE DID	IN CERTIFYING CAL	JSES OF DEATH?
EDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19 A. DATE OF OPERATION IP. COND WAS PERFORM.  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Menth) (Dey) (Year)	DITION FOR WHICH OPERATION DRMED  218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)	in er ebout 21C. WHERE DID	(If in Beltimere	JSES OF DEATH?
ICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19 A. DATE OF OPERATION IP. COND WAS PERFORM.  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Menth) (Dey) (Year)	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Whi	in er ebout 21.C. WHERE DID effice bldg., INJURY OCCUR?	(If in Beltimere	JSES OF DEATH?
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. COND WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Menth) (Dey) (Year)  OF INJURY (APPROX.)	THE	in er ebout 21C. WHERE DID effice bldg., INJURY OCCUR?	(If in Beltimere	SES OF DEATH?  City, give exect lecetion)
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Menth) (Dey) (Year)  21D. TIME (Menth) (Dey) (Year)  22D. TIME (Menth) (Dey) (Year)	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  attended the deceased fram	in er ebout 21C. WHERE DID effice bldg., INJURY OCCUR?	(If in Beltimere	City, give exect lecetion)
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. COND WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Menth) (Dey) (Year)  OF INJURY (APPROX.)	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  attended the deceased fram	in er ebout 21C. WHERE DID effice bldg., INJURY OCCUR?	(If in Beltimere	City, give exect lecetion)
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. COND WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Menth) (Dey) (Year)  21D. TIME (Menth) (Dey) (Year)  4PPROX.)  22. I certify that (This hospital) that (T) (we) lost saw the deceased	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, ferm, fectory, street, etc.)  (Hour)  218. INJURY OCCURRED  While At Not White At Work  attended the deceased fram	in er ebout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	(If in Beltimere	City, give exect lecetion)
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Menth) (Dey) (Year)  21D. TIME (Menth) (Dey) (Year)  22D. TIME (Menth) (Dey) (Year)	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, ferm, fectory, street, etc.)  (Hour)  218. INJURY OCCURRED  While At Not White At Work  attended the deceased fram	in er ebout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	(If in Beltimere	City, give exect lecetion)
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. COND WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Menth) (Dey) (Year)  CAUSE OF INJURY (APPROX.)  22. I certify that (This hospital) that (The We) lost saw the deceased and haur and fram the causes states	218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  attended the deceased fram and alive on 21 alive on 22 and 32 and 33 and 34 a	in er ebout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY On the condition of the conditio	Uf in Beltimere URY OCCUR?  9 66 to	City, give exect lecetion)  19  10  10  10  10  10  10  10  10  10
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING INTO THE CONDITION CAUSING INTO THE CONDITION CAUSING CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Menth) (Dey) (Year) OF INJURY (APPROX.)  22. I certify that (Withis hospital) that (The Condition of the Course of t	218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  attended the deceased fram and alive on 21 alive on 22 and 32 and 33 and 34 a	in er ebout 21C. WHERE DID effice bidg., INJURY OCCUR?  21F. HOW DID INJURY On the standard of	(If in Beltimere	City, give exect lecetion)  19  10  11  12  12  13  13  14  15  16  16  17  18  18  18  18  18  18  18  18  18
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MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION CAUSING ON CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Menth) (Dey) (Year) OF INJURY (APPROX.)  22. I certify that (** this hospital) that (**) (we) lost saw the deceased and haur and fram the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour)  218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour)  218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour)  While At   Not White At Work  attended the deceased fram   Not White At Work  attended the deceased fram   Not White At Work  attended the deceased fram   Not White At Work  At Work  At Work  M.D. At Ph	in er ebout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 ond the view the bady after death.  1ending Med. Director  23D. ADDRESS  REMATORY  24D. Lo	(If in Beltimere  Ulf in Beltimere  URY OCCUR?  9 66 to at in (appr) (our) apir  Steff Phys.	City, give exect lecetion)  19  19  10  10  10  10  10  10  10  10
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING INTERPRETATION PROPERTY.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Menth) (Dey) (Year) OF INJURY (APPROX.)  22. I certify that (Withis hospital) that (#) (we) lost saw the deceased and haur and fram the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Durial	218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour)  218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour)  218. INJURY OCCURRED  While At Not White At Work  attended the decessed fram  ad abave. (I) (We) (did) (did nat)  M.D. At Ph  And M.D. At Ph	in er ebout 21C. WHERE DID effice bidg., INJURY OCCUR?  21F. HOW DID INJURY  19  ond the view the bady after death.  19  Med. Director  23D. ADDRESS  REMATORY  24D. LC  Cemetery  Her.	(If in Beltimere  URY OCCUR?  9 66 to	City, give exect lecetion)  19  19  10  10  10  10  10  10  10  10
WEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Menth) (Dey) (Year) OF INJURY (APPROX.)  22. I certify that (Withis hospital) that (Type) lost saw the deceased and haur and fram the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL A. DATE REC'D BY HEALTH DEPT.	218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour)  218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour)  218. PLACE OF INJURY (e.g., home, ferm, fectery, street, etc.)  (Hour)  While At   Not White At Work  attended the deceased fram   Not White At Work  attended the deceased fram   Not White At Work  attended the deceased fram   Not White At Work  At Work  At Work  M.D. At Ph	in er ebout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJ  19 ond the view the bady after death.  19 Med. Director  23D. ADDRESS  REMATORY  24D. 10  25C. FUNERAL DIRECTOR	OCATION (Cin	City, give exect lecetion)  19  19  10  10  10  10  10  10  10  10

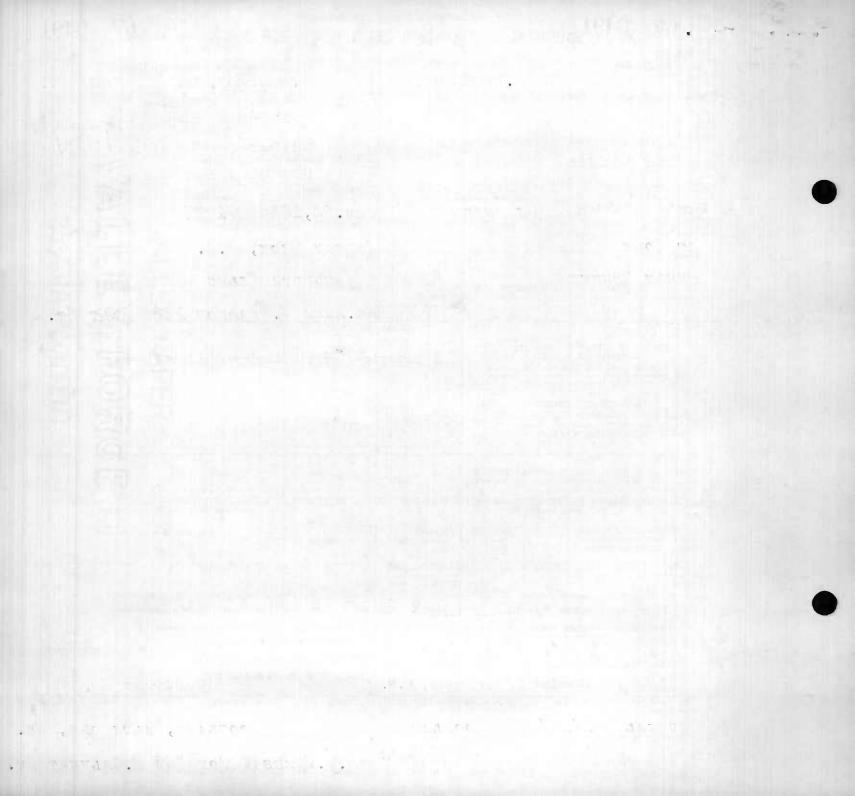


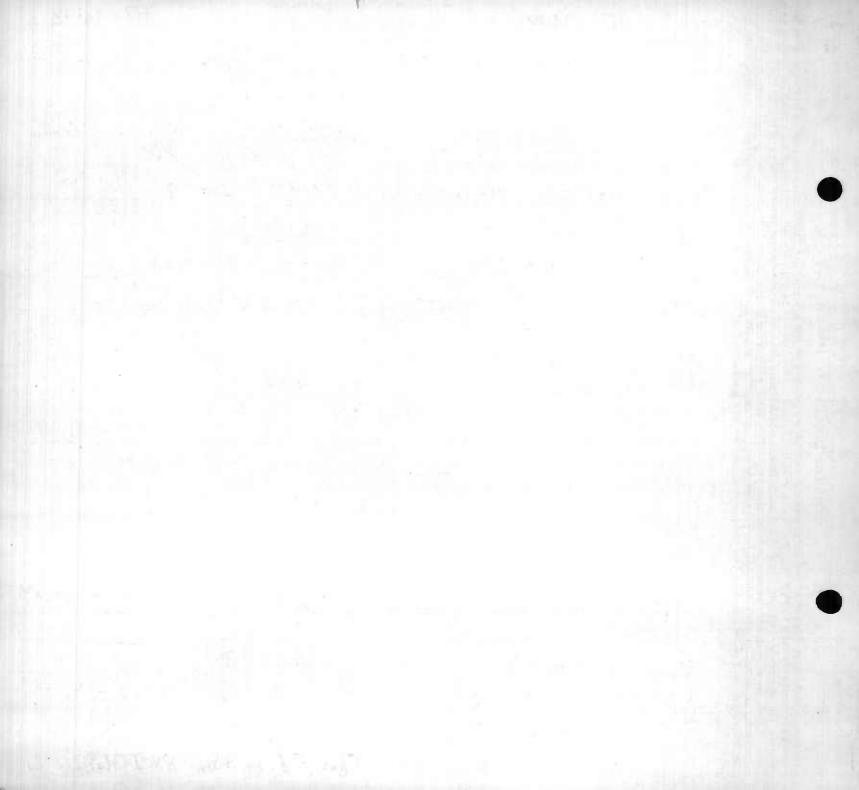
				BALTIMORE CITY	HEALTH DEPARTMENT	<b>\</b> //	67 04	00
	RTH NO.	67 04	90	CERTIFICA	TE OF DEATH	Registered Na	67 04	20
1.	NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	1	
(T	ype or Print)	Eileen	Rose :	Brough	J.	anuary 15,	1967	Μ.
3.	PLACE OF DEA	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If	institution: residence b	efore odmission)
	FULL NAME O	E (If not in bosoital	ar inatitution	una atrast	Maryland	INTI	11.0	1. P
	HOSPITAL OR	F (If nat in haspital oddress or location	i)	give sireei	C. CITY OR TOWN (If o	outside city limits, write	RURAL ond give low	nship)
	nasilionon				Baltimore -		52	-00
	) 4000 F	ourth St.			D. STREET ADDRESS (I	f rurol, give location)		
5.					400 Fourth	Street		
5.	SEX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys H	Under 24 Hrs.
	Female	White		r married	Aug. 24, 1916	50	1110111113	
				BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or for	1 1	12, CITIZEN OF	TRV0
do	none during most of	working life, even if retired)			Chicago, Il	1	U.S.	IKI?
13	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NA		0.5.	
1.0		Brough	2	11 ( 2001)	Mary Gran	16		
(Y	es, no or unknown	Ever in U. S. Armed For (If yes, give wor ar date	s of service)	SECURITY NO.	17. INFORMANT	1.000 T	ADDRESS	
	No			400 mg 400	Grant Brough -	4000 Fourt	n St., Balt	Linore 25,
	1B. 2	2 XI		CAUSE O	FDEATH			BETWEEN ND DEATH
		SE OR CONDITION DIR	ECTLY	61		2		
		LEADING TO DEATH	Auto	(A) C	rebid f	andose	6 m	w.
	heart failure,	ol mean the made of astherio, etc. It means	the disease,	DUE TO				
	injury ar cam	plicotion which caused	death.)	Pe-	-8 2 -8 B-10		4	
	1	ANTECEDENT CAUSES		(B)			<u> </u>	
		OR CONDITIONS, if						
		abave couse (A) G CONDITION lost,	sloling lhe	(C)	***************************************	***************************************		
		11						
Z	OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING	3				
ATI	DISEASE OR	EATH BUT NOT RELA	TED TO THE					
U	19A. DATE OF	OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDE	RED
ERTIFI	0					III CERIII IIII C	AUSES OF BEATH.	7-11
AI C	OR CONTRIBU	TING CAUSE OF medical examined	21 B. hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact loc	cotion)
1		(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
MEDI	OF INJURY			le At Not While				
			Wor	k		A		
	22. I certify	that (1) (this hospital	) attended th	ne deceased fram	at pills	19 ta 10	n 14	1967
	that (1) (we)	-last saw the decease	d alive an	117	196' 2 and t	hat in (my) (aud) ap	inton death accurr	ed an the date
	and haur and	fram the causes stat	ed abave/(I	(We) (did ) (did nat) v	iew the bady after death.			
	23A. SIGNATU		1				23B. DATE SIGNED	
		- Laste	Lec	M.D. Atte	ending Med.	Stoff Phys	Jan. 16,	1967
	23C. PHYSICIA	NS			23D. ADDRESS	Phys,		
	NAME (T	ype)	TERO	M.D.	- 0 -	D7 D-3	3/3	
2.4	A DUDIAL COL	LESTER				Place, Balt		
24	REMOVAL	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (	City, town, or county)	(Stote)
	Burial	Jan. 17, 1	1967 Ne	w Cathedral C	emeterv	Baltimore.	Maryland	
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	REGISTRAD	emetery	R	ADDR	ESS
	4	AN 17 1967 (	local"	E' Mangaine	George J Gof	ce-4001 Rit	chie Hgwy.,	Baltimore
	160 051/ 1/1/	6.6						



	2.	- 3	1		84
1		0	Carre	- Comment	
1	-	3	n)	the state of	

	E CASE NO.	WED	ICAL EX	CAMINER'S C	ERTIFICAT	E OF D	EATH Registe	red No	UAUL
1. I (Ty)	NAME OF DEC		NA A . I	NUNNINGER			HOUR PRONOUNCE 7 12, 1967	ED DEAD	9:20 P. <sub>M</sub> .
		IMORE, MARYLAND, W	HERE PRONO		4. USUAL RESID		eceosed lived. If insti B. COU	itution: resider	nce before odmission
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOV		corporate limits, write	RURAL ond	give township)
)	1623	Belt Street			D. STREET ADDR		give location)		
5. S	emale	6. RACE White		NEVER MARRIED DIVORCED (specify)	JAN. 23		9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs oys Hours Min.
	during most of v	PATION (Give kind of wor vorking life, even if retired)		F BUSINESS OR INDUSTRY	BIRTHPLACE (	State or toreign		12. CITIZEN WHAT	OF COUNTRY?
13.1	AT HO	E			14. MOTHER'S MA				
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	ISTA K.	ILES	ADDRESS	
NO	(This does n heart failure, injury or con A DISEASES ( RISE TO TH)	I I LEADING TO DEATH of meon the mode of osthenio, etc. It meons application which caused I I The mode of the meons of the	dying e.g., the discose, deoth.)  S  NY, GIVING		OF DEATH		arson 16.	li C	NTERVAL BETWEEN NSET AND DEATH
CERTIFICATION	TO THE	II  NIFICANT CONDITIONS  DEATH BUT NOT RE  R CONDITION CAUSING	LATED TO 1	NG 'HE					
	19A. DATE OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY		OB. IF YES, WERE FIN N CERTIFYING CAUS		
O	21 A. EXTERNAL UNDERLYING DUTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, factory, street, c	in or obout 21C. W	HERE DID (II	in Boltimore City, give	ve exact loca	tion)
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT NOT AT W	WHILE	INTNI DIQ MC	Y OCCUR?		
		ure Charles	nquiry	Inspection X Aut	e Homicia	de Ui EDICAL EXA EDICAL EXA	MINER X		DATE SIGNED
	NAME (1	MATION, 23B DATE		c. NAME of CEMETERY			J	anuary	13, 1967 (Stote)
	BURIAL DATE REC'D	1111	100	WOODLAWN OF REGISTRAR		AL DIRECTOR	DODLAWN,		
	1116	JAN 17 1967		5 2 Farlum			E Son 80		
VS	151-REV. 1/1/6	55	£ -						

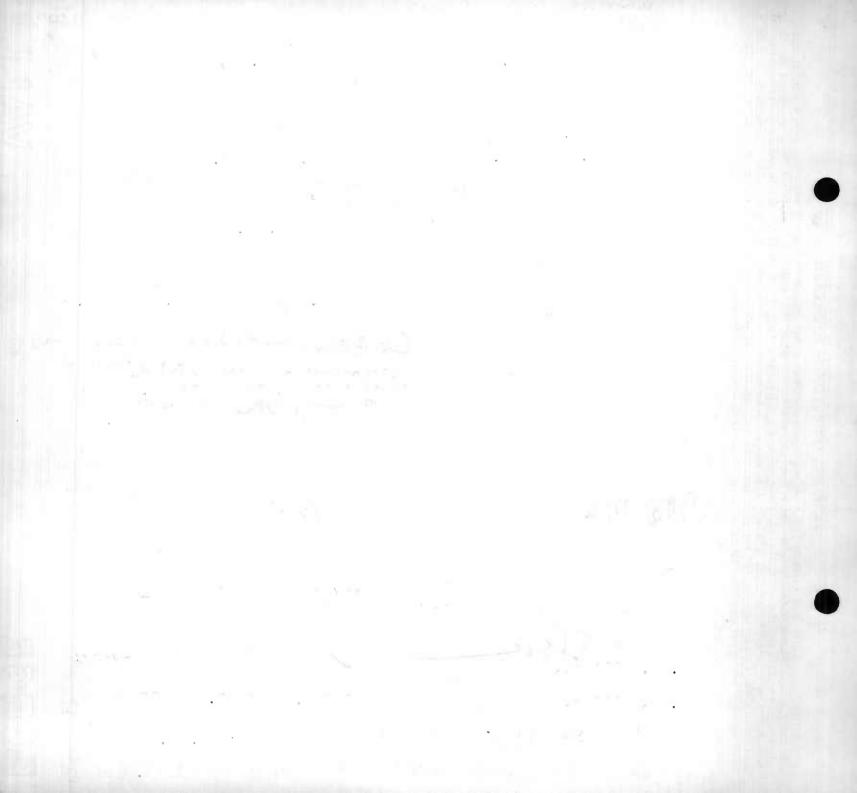




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DIRECTOR:

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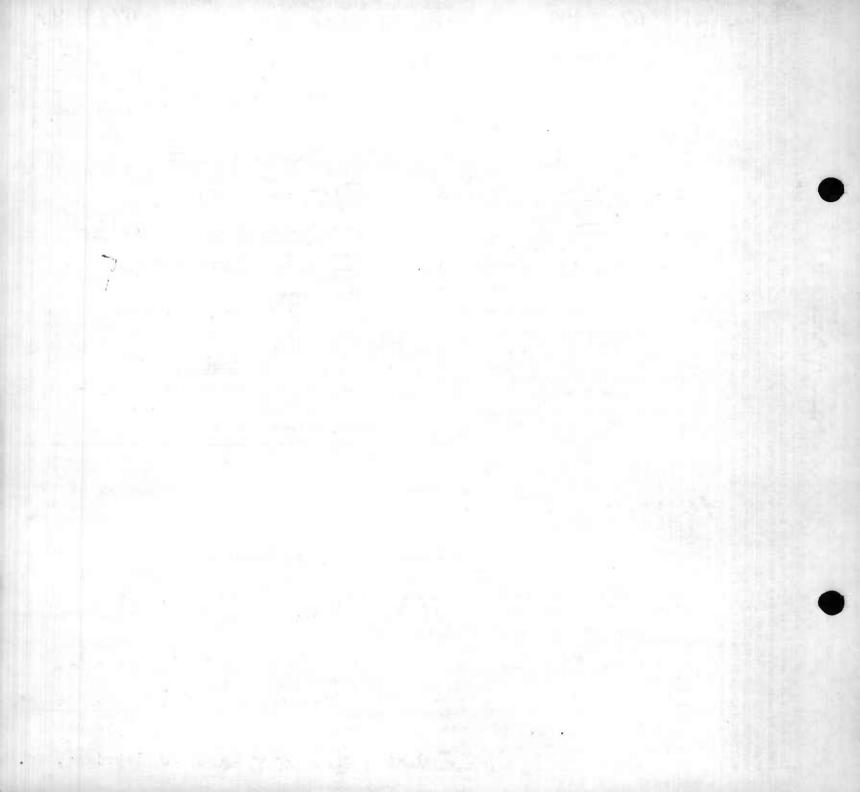
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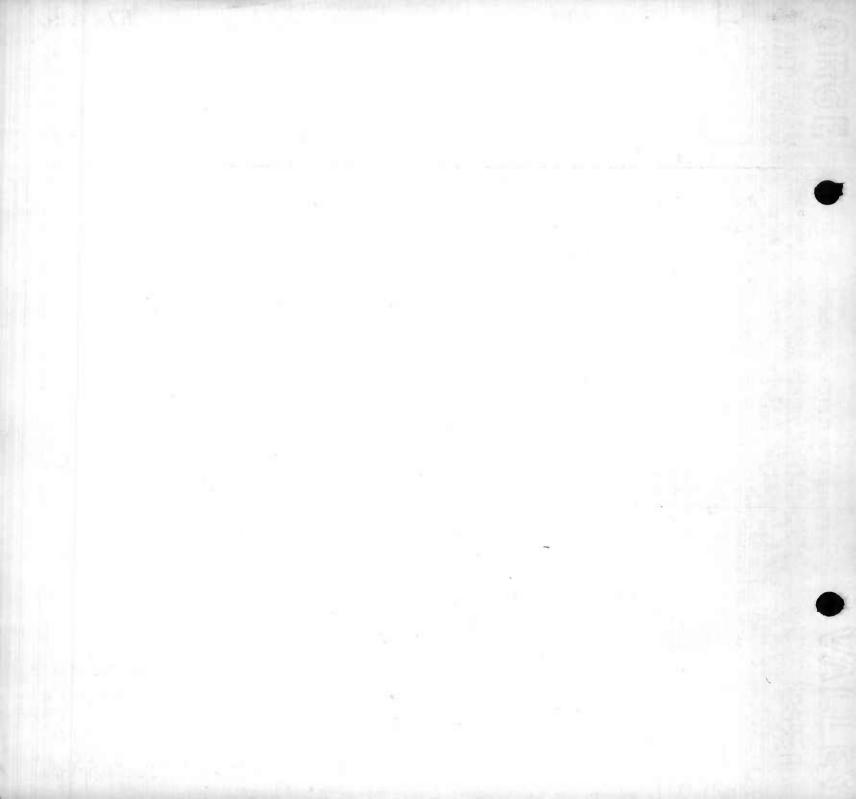
VS 150-REV. 1/1/65

operation-1/10/66-Cholocystectomy-Information in show It agrees stoops.

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FUNERAL DIRECTOR:





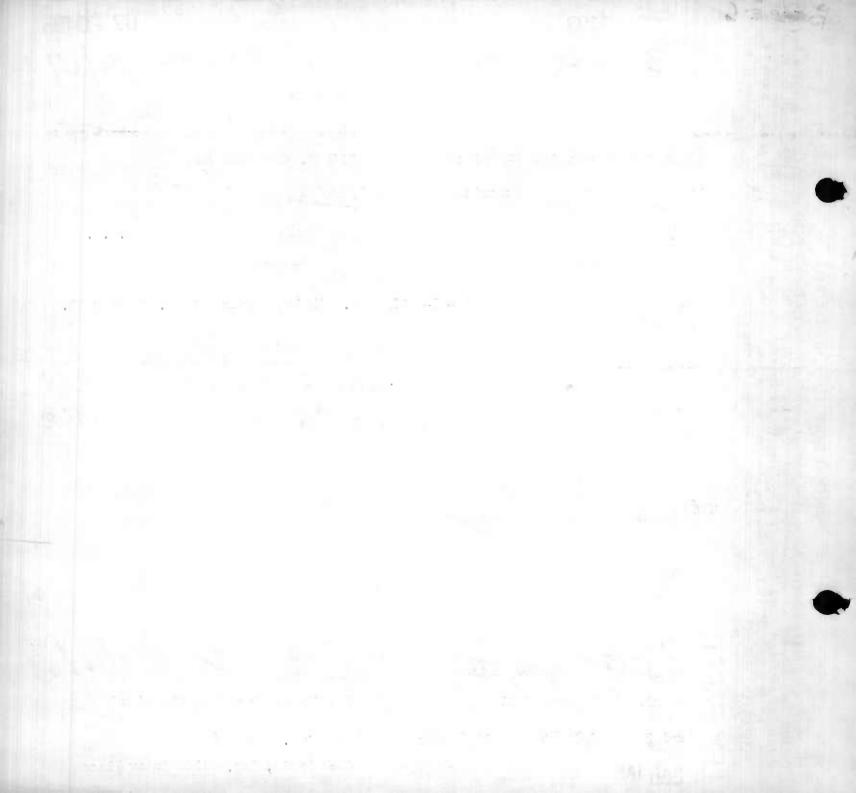
IMPORTANT

**DIRECTOR:** 

FUNERAL

medica

hospital



3

VS 150-REV. 1/1/65

Howard H. Hubbard, 4107 Wilkens Ave. 21229

BALTIMORE CITY HEALTH DEPARTMENT

PERCY EMMA May he had a 2616 60 1 KARKLIN ST 181 de 157 FTC. Windson Rest Home 2612 6- FRANKLIN ST 15/2/1882 F W Widowed Colinney Theological Ly/Ell 22 /12/6 Ly/Ell the Sanding 90 whater 37 mm Hums Bounding

	5/	5 Page 19 EEF 10				- 1	
	H NO.	0500	CERTIFICA	TE OF DEATH	Registered No	67	0000
	AME OF DECEASED				D HOUR OF DEATH		
	on or Print 1	ary ,	Feta	110 000	10 101-17	712	
3. P		CLAND	-0/6/	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: resider	nce before admi
		1		A. STATE B. COUN	TY	. / _	
F	FULL NAME OF (If not in hospital or HOSPITAL OR oddress or location)	institution, grv		2143 D	ruid HI	1160	16111-1
	NSTITUTION /	1	Home	C. CITY OR TOWN (If our	side city fimits, write R	WRAL and give	toynship)
01	Lincoln Nurs	109	HOIVIC	1000	16	ma	
	A 44 / A		01.00+	D. STREET ADDRESS	rural, give location)	1.0	6111
	27 N. Car		Street	12/430	rud /	well.	an
5. S	EX 6. RACE 7.		EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (th years lost birthday)	Months Doy	Hours N
L	emaleNegro	201116	1/2	Aug. 27. 1893	73		
(OA.	USUAL OCCUPATION (Give kind of work)	OB, KIND OF B	USINESS OR INDUSTRY	TT. BIRTHPLACE (Sette or fore	gn country	12. CITIZEN C	OF OUNTRY?
-	Marian milla			( her Veril	a mix.		
13: F	FATHER'S NAME	1 1	6	14. MOTHER'S MAIDEN NA	ME		
	hames the	(d) 10	1 1/1	1	Make	MOIN	
15 1	Was Deceased Ever in U. S. Armed Force	1 such	6. SOCIAL	17. INFORMANT	Mano	1	ORESS
(Yes	s, no or unknown) (If yes, give wor or dotes	of service)	SECURITY NO.	T. INFORMANT	0.1	ADI	DKE22
		2	213-34.612	- Hallel To	Mckar	lson	A ani
	18. 199,21		CAUSE	OF DEATH			RVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY				ONS	ET AND DEAT
	LEADING TO DEATH		(A)	Uncer			
	(This does not mean the mode of d heart foilure, asthenio, etc. It means th		DUE TO				
	injury or complication which coused d	death.)					
	ANTECEDENT CAUSES	death.)	(B)		200 000 000 000 000 000 000 000 000 000		00 a 00 dago 0 wa 00 00 00 00 00
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if an	ny, giving	(B)				00 a 00 00 00 00 00 00 00 00 00 00 00 00
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if arrise to the above cause (A) s	ny, giving					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if an	ny, giving	DUE TO				
z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the obove cause (A) sunderlying Condition last.	ny, giving stating the	DUE TO				
TION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the obove cause (A) s UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI	ny, giving stating the ONTRIBUTING ED TO THE	DUE TO				
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L CERTIFICA	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the obove cause (A) a UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIONS EVALUATED TO THE DEATH OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	ny, giving stating the DNTRIBUTING ED TO THE UTION FOR WEDRMED	(C)	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING CAL	JSES OF DEAT	H?
CAL CERTIFICA	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the obove cause (A) sunderlying Condition to the Death But not relative to the Death But not relati	ony, giving stating the DATRIBUTING ED TO THE HORMED 218. Pl home, etc.)	(C)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	JSES OF DEAT	H?
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